The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR SEPTEMBER, 1942

Subscription Price: $2.00 per year; foreign and United States of America, $2.50; 20 cents a copy.
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Reader's Guide

Under this caption we usually offer chatty little items about the people who have written the articles in the current issue. But this month you are confronted with a whole page of solid type which may seem a bit forbidding. What we are trying to do is to pull this whole "special convention number" together—in other words to integrate it. We fear that frivolous readers will leave us right at this point. But earnest souls who have the fortitude to stay the course may find that this particular Reader's Guide serves as a sort of a road map to show where the Canadian Nurses Association is going and why.

If you would like to get a rough idea of the principal trends we suggest that the report of the Emergency Nursing Adviser, Kathleen W. Ellis, is required reading and should be tackled first. It sets forth ten brief recommendations which, when carried out in terms of action, will extend the scope and increase the value of every branch of nursing service. There is nothing academic about these recommendations nor are they merely wishful thinking. Many of them are already being put into practice and the principles upon which they are based are applicable in most situations.

Now you will be ready to explore ways and means whereby nursing education may be so directed that it will prepare nurses to rise to the level of their present opportunities. Read Marion Lindeburgh's address on "Safeguards to Nursing" and then go on with the series of addresses directly related to it. Ruth Thompson tells of the work of the committee which made a study of records and Miriam Gibson presents a somewhat disquieting picture of the present state of examinations for registration. Blanche Anderson points out the need for better standards in post-graduate courses. Rae Chittick and Margaret Kerr tell of what has been done to improve the teaching of first aid. Norena Mackenzie discusses the administrative aspects of the problem, and M. Jean Wilson offers some suggestions about clinical teaching and supervision. Madelene Baker rounded out this excellent series with a clear-cut exposition of the educational aspects of the general practice of nursing.

The excellent material on clinical teaching presented by the Hospital and School of Nursing Section is arranged in sequence. Marjorie Jenkins leads off with staff education and Elsie Allder follows with correlation of classroom teaching and clinical experience. Margaret Denniston gave a vivid picture of the head nurse as a teacher and admirable contributions to the various aspects of the discussion were given by Marion Myers, Mary Macfarland, Sister St. Albert and Sister Denise Lefebvre. The important studies make by the Public Health Section should not be overlooked and be sure to read what Helen Lusted had to say about the general staff nurse.

Here we are almost at the bottom of the page and not a word about the inspiring addresses given by the Hon. Malcolm MacDonald, Miss Taylor, and Miss Julia Stimson. We left them out purposely because we know that you will turn to them first of all.

There are many other good things in this issue that you should not overlook or neglect, among them the reports of innumerable committees which carry on indispensable routine work. Not long ago, a harassed nurse asked us to tell her "what the Canadian Nurses Association is all about". This special convention number of the *Journal* is dedicated to her. We think it answers her question.

— E. J.

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The
CANADIAN NURSE

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
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The Grant from the Federal Government

The last issue of the *Journal* contained the heartening news that a grant of $115,000. has been made by the Federal Government for the fiscal year of 1942-43. It is now possible to give further information regarding the grant. The allotment and purposes for which the grant is to be used are stated as:

(a) An amount not exceeding fifteen thousand dollars to assist the Canadian Nurses Association to promote recruitment of student nurses and to participate in the carrying out of the programme set forth hereunder and other ancillary services;

(b) An amount not exceeding seventy-five thousand dollars to provide facilities for the tuition of teachers, supervisors and administrators in schools of nursing which require assistance in the education of an increased registration of student nurses; payments to be made, on the approval of the Director of Public Health Services, to the Canadian Nurses Association for allocation to hospitals or other teaching institutions;

(c) An amount not exceeding twenty-five thousand dollars to provide scholarships for graduate nurses who are deemed by the Canadian Nurses Association to be promising material for education as teachers, supervisors and administrators.

The further interpretation by the Director of Public Health Services states that the sum of fifteen thousand dollars granted to the Canadian Nurses Association may be used to support the work of the Emergency Nursing Adviser, including the cost of salary, travelling expenses (from date of appointment) and special projects such as national publicity, etc.; also to the expenses of additional secretarial assistance in the National Office, as necessary for the administration of the fund and for other administrative purposes.

The Director of Public Health Services indicated that the twenty-five thousand dollars granted for bursaries is to

be allocated by the Canadian Nurses Association to graduate nurses for post-graduate work, and finally that the amount of seventy-five thousand dollars is to be allocated to the nine provinces for the following purposes:

(1) To assist a limited number of selected schools of nursing to improve existing teaching facilities and to add to teaching personnel when necessary, in order to make *a temporary increase in student enrolment.*

(2) To assist public health nursing organizations in providing additional educational facilities and the necessary increased teaching personnel to give instruction and supervision to an increased number of student nurses.

(3) To provide for a travelling instructor in areas in which this would seem most desirable for the purpose of assisting schools of nursing in their educational programme for students and graduates.

(4) To provide additional teaching personnel in hospitals offering post-graduate experience, to prepare graduate nurses for teaching, supervision and administration in special hospital departments and the public health field.

(5) To support schools of nursing in Universities, by providing additional personnel to assist in carrying out effectively their educational programmes for a larger enrolment of students and graduates.

It is important to note that the grant is to be spent, on the recommendation of the Canadian Nurses Association, to improve existing teaching facilities and to increase teaching personnel in public health nursing and other teaching organizations and in approved schools of nursing, with a view to increasing student enrolment and protecting standards.

The plan of procedure for the expenditure of the grants allocated to each province will include the submission of a statement by each provincial association of registered nurses to the Canadian Nurses Association, outlining the purposes and amounts for which the money allocated to them will be used. Before being put into effect, it will be necessary for the plans to be endorsed by the Canadian Nurses Association and approved by the Director of National Public Health Services. Payments will be made to the provinces through the Canadian Nurses Association quarterly, or as required. The maintenance of detailed accounts, including receipts for all expenditures, will be the responsibility of each provincial association of registered nurses.

On or after the 30th day of April 1943, the Canadian Nurses Association will be required to furnish to the Minister of the Department of Pensions and National Health a detailed statement of all disbursements.

The responsibility of formulating policies and administering the grant has been delegated to a committee composed of the Executive Committee of the Canadian Nurses Association with the addition of the following members of the original committee appointed to approach the Federal Government: Misses E. Smellie, E. Johns and K. W. Ellis. A sub-committee (with power to add to its numbers) composed of the national officers of the Canadian Nurses Association has been appointed to deal directly with the Government in regard to the grant and to take action on urgent matters when necessary.

In order that this money may be used to the greatest advantage, the provincial associations have been requested to make an immediate analysis of nursing needs in their respective provinces according to the purposes outlined. The Emergency Nursing Adviser will be available for purposes of consultation and advice

either through correspondence or personal visits.

Several methods of determining the amounts to be allocated to each Province are now under consideration by the Director of Public Health Services. It is possible that before this issue of the Journal appears, that his decision will have been announced.

It is realized that no sum, however large, could possibly meet all legitimate demands that exist at this time, but it is hoped that this grant will encourage provincial associations of registered nurses to appeal to provincial governments for further financial support to meet other outstanding needs arising out of the present crisis.

The acceptance of this grant involves a responsibility that it is hoped every nurse will accept. Participation in the bursaries offers a challenge to a number of nurses to prepare themselves for more advanced work and leadership. For a vivid interpretation of the values of post-graduate courses readers are recommended to turn to the personal experiences so delightfully portrayed in the following article, written by Elizabeth Williamson, and entitled "If I had only known!"

MARION LINDEBURGH,

President,

Canadian Nurses Association

"If I had only known . . ."

C. ELIZABETH WILLIAMSON

Do you want to go to University? We say you do! Let us introduce ourselves. We are the 1942 class of post-graduate students in the course in teaching and supervision at the University of Toronto School of Nursing. We are a group of twenty-nine hale and hearty nursing enthusiasts glowing from the experience and contacts of a glorious post-graduate year. We have had a grand time, we are wiser, happier, and we trust more broadened in our outlook and we are so keen to tell the world of our great adventure along the road to knowledge and leadership in the field of nursing that we are offering you a taste of our university life and experiences. We are really sneaking up on you for that taste is insidious, once you have experienced one sweet morsel you are going to want more — we know you will!

Now, let us introduce *you*. You are one of the group of "If I had only known . . ." You are graduate nurses, recent and past, you are the would-be graduate of tomorrow; you are the young graduate of today, the nurse who took part in graduation exercises in this, the third year of our second Great War. You are one of the hundreds of nurses who heard the official, dignified, platform appeal for you to consider enrolling in post-graduate work at universities. You are the nurse who has been asked to qualify herself so that you can help fill the ranks of our trained, specially prepared public health, hospital, and nursing school staff posts.

Do you have to be brilliant to join our ranks? You do not — look at us! We are just normal, average, everyday nurses with a sound educational background and the desire to progress and

serve. We are registered in our province and graduates of accredited nursing schools. Schools in Canada? No, schools throughout the world. We boast amongst our ranks inspiring students from the Philippines who have warranted our admiration, respect and friendship. We have a beloved Chinese student, engaging brilliant coluored citizens of our good neighbour to the south and—we hate to disillusion you—but Brazil does not produce just nuts! An abundant western harvest has enabled us to enrich our store of friendship and knowledge and we of the middle and eastern provinces are proud and thrilled to have had the opportunity to observe and benefit from the fine type of graduates our Western nursing schools produce.

Are you, who have not done concentrated academic work for some years, or you who have just finished a strenuous three year nursing course, going to find it too difficult to develop that all-essential study habit? You are not — we did not! Why? Because within the first few days of this new life psychologically informed pedagogists reveal the secret to success — the correct approach to learning. We read and heard how to develop good study habits and good study methods and, most amazing of all, we found on application that theory can be put into advantageous practice! Did you know that an adult's attention span is but fifteen minutes in length and that an understanding leader actually invites you to move about if you feel that the droné of the lecturer's voice is drawing you into the arms of Morpheus? Did you know that you are able to find time to study and a place to study even if you do share a room with friends? Yes, we found at our disposal an excellent, well-equipped library where we were able to exercise our powers of concentration day or night. Most important of all, we found an understanding staff who appreciated our study difficulties, weaknesses and problems and guided and advised us over the plateaus of learning.

What will you do in a university year? We will tell you. You will successfully cope with a minimum of five subjects if you wish to secure that completion certificate. You will probably tackle several other topics from the group of options presented to you and you will probably think that your choice was the best and hardest — we thought so! You will be rejuvenated at the weekly midterm seminar; you will agonize, orate, marvel at your recovery and revel at having once again overcome that "gone," pit of the stomach, sensation which you experienced as a raw student during those long past probation days and you will love it!

During your year you will do as we did. You will visit hospitals, industries, schools, homes, and institutions of interest and of benefit to you professionally. Some of you will thrill with your first practice teaching while still others will haunt home, hospital and nursing schools in order to seek advice and to give advice, to learn to teach, to acquire confidence and to inspire confidence — it is a grand game of give and take.

Yes, you will develop mentally, morally, physically and socially for you are under the guidance of professional leaders. When you again read that admirable address entitled "The Fundamentals of Professional Leadership" which was presented by Miss Marion Lindeburgh and published in the June issue of *The Canadian Nurse*, you will note with marked interest certain statements and you will realize, as we do, that although many great captains have gone from the ship and left the compass and sextant in our hands they have not done so in vain. We nurses do possess

a faith and we have got leaders in our midst to show us the way in time of crisis and stress. Yes, we have the leaders, we have worked with some and we have played with them too and we want you to do the same. We, the Class of 1942, wanted to take advantage of experienced hands that can help us mold the person within the nurse so that we in the future can go forth to lead those who are yet to come.

What else can we tell you? We could tell you that no matter how conscientious you are you will probably skip at least one lecture for the lark of it — but we should not! We could tell you that it won't matter in the least if you register in one course and your best friend registers in another for you will see each other anyway. Of course, everybody mixes. We play together, talk together, yes, and gossip together too!

What was that? Do we think you will find the question of financing too great a problem in these days of stress? No, we do not! Where there is a will there is a way. We suggest that you set a goal, decide the year, the course, the school in which you wish to enroll and, once having an ultimate objective in view, work and save towards that end. Enquire of the superintendent of your hospital school, speak to the president of your alumnae Association about the substantial financial assistance now being offered to post-graduate students; consider the loan fund of the Canadian Nurses Association and ask about the scholarships being offered by provincial nursing associations. Find out about the loans the Victorian Order of Nurses of Canada make to members of their staff who wish to undertake further post-graduate work. Then too, your University School will probably give you the opportunity to earn a little extra by offering you small tasks to do throughout your academic year. Would working mean that your studies would suffer? Psychologists have proved that the student who does a moderate amount of outside work is quite often further ahead in the long run and you won't be asked or advised to do too much. Will you have fun visiting campus rendezvous where you can buy a lunch for twenty or twenty-five cents — you certainly will!

Finally, let us consider one of the greatest questions of all. Will you be serving your King, Country and Profession to the best of your ability if you undertake a university post-graduate nursing course during these war-torn years? Yes, we think you will. Why? Because, at present, Canada is in dire need of specially trained nurse leaders, leaders who are able to guide, teach, advise and serve. Our civilian population must be guarded and cared for and our students must be prepared ably and bravely to face present and post-war days. If you have the ability, qualifications and desire to lead, you should prepare yourself to do so, you are needed! Remember, nursing history was made during the Crimean War, and we believe that nursing history is in the making today. We spent a year on one flank of the professional front line, don't you want to too? That's right, you do!

Now, let us look back — who are we? We are still a group of university post-graduate nursing students, but who are you? You are the nurses who make up the classes of 1943, 1944, 1945. You are not one of the group of "if I had only known" you are a member of that class of "now I do know" . . . and you are going to join us at our University Nursing School Alumnae meetings in the not too far distant future. You are going to make history and you are going to lead! Do you want to go to university? We say you do!

A Word of Explanation

In accordance with the precedent established in 1940, the September issue of the Journal immediately following the Biennial Meeting of the Canadian Nurses Association takes the form of "the special convention number" which is now before you. In the original plan, the leading article was to have served as an introduction to the general content. But the grand news about the Grant from the Federal Government naturally demands priority. Pride of place was gladly yielded to the President of the Canadian Nurses Association and to the strikingly appropriate appeal, "If I had only known . . .". The spontaneity and sincerity of this challenge fitted in so admirably with what the President had to say that we just had to find space for it before tackling the mass of material arising out of the Biennial Meeting. But from this point onwards, the *Journal* takes on its proper character of the "special convention number". We couldn't bear to throw away our carefully planned introduction so, if you would like to have a look at it, you will find it under the caption of Reader's Guide.—E. J.

The President's Address

GRACE M. FAIRLEY

Would that I had the ability to express to you, or give to you a true picture of the activities of the Association since last we met. Of necessity, any theme I might choose for this biennial report would be "Service"—service to the community and service to the Dominion.

At the close of the Convention in Calgary you wisely granted wide powers to the incoming Executive, realizing that a country at war was likely to make great demands on all health services. These demands have been made on this Association, and its members, individually and collectively, have responded, whether by actual nursing service, or, as in the case of your executive, by a sincere effort to further the cause of Nursing which today is fraught with many problems. The cry from each province is shortage of nurses and turnover of personnel which is threatening the very stability of the services we are endeavouring to maintain. From some quarters also, we hear of a falling off of recruits, and that naturally causes anxiety. Our responsibility lies further ahead than today or the duration of war —it must give assurance of our share in the health programme of the Dominion three, five, ten years from now —hence our responsibility for recruitment.

There have been six Executive meetings and four special meetings. These were called to deal with specific matters, and I would be remiss, indeed, if I failed to tell you of the support your provincial representatives on the Executive as well as the officers have given the Association during these difficult but epoch-making months.

You may remember that we sent a message of loyalty to the Prime Minister and the Minister of Health from the

General Meeting at Calgary, and I am convinced that the sincerity of purpose with which we faced these two years has helped us over many a rugged path, for rugged, indeed, they have been! Outstanding in the Association's efforts to meet its responsibilities and obligations was the establishment of a relief fund for British Civilian nurses. This will be reported in detail, but I know you will be happy to learn that we have contacted the Australian Nurses' Association requesting that they let us know if there is any need of interned or imprisoned nurses on the Eastern front that is not being met. Also, through the Red Cross, parcels have been sent to Hong Kong and Singapore with the hope that they may reach some of our sisters there.

The conference of the Executive with the heads of Nursing Departments in Canadian Universities led to the appointment of an Emergency Nursing Adviser and to an approach to the Government for financial aid. These measures will both be reported upon later, but they were efforts of real magnitude, and if we are unable so far to announce the success of the latter, we are able to say without question that the appointment of a National Emergency Nursing Adviser was not only timely but has proved to be most satisfactory, and, I am sure, the Provincial Associations will agree, is also far-reaching. I would like to refer specially to that conference. It was fully reported at the time in our *Journal*, but in all the years since our Canadian Universities opened their doors to the nursing profession, this is the first time that such a conference has taken place and we sincerely hope it is the forerunner of many.

A year ago I was fortunate in arranging a conference with the President of the International Council of Nurses and the President of the American Nurses Association, which we found mutually helpful. At the invitation of the President of the American Nurses Association, Miss Johns was appointed an official representative from Canada on the Nursing Council on National Defense, now known as the National Nursing Council for War Service. This courtesy — quite spontaneous and unasked—has meant a great deal to us who are experiencing national problems so similar to those of our professional sisters to the South. Miss Johns will report on the activities of this Committee, as will also Miss Ellis who represented your President officially at the Biennial Convention of the three American nursing organizations held recently in Chicago. It is almost impossible to find words to express the cordial relationship that exists with the American Nurses Association and the courtesies extended to your officers by that organization, and I want to take this opportunity of expressing our appreciation.

In handing over the gavel of office, as I will do at the completion of this meeting, I want you to know that in all humility I acknowledge my indebtedness to the officers and executive officials for the tremendous support they have given me during my entire term of office, but more especially these past two years. Miss Lindeburgh is as sorry as I that our first vice-president, Miss Smellie, found it necessary to let me know that she could not take office again and, on the other hand, Miss Smellie is as conscious as I of the tremendous amount of work that Miss Lindeburgh as second vice-president has given to this Association quite apart from her chairmanship of the Committee on Nursing Education which in itself is a full-time job.

Nursing Today—An Adventure

EFFIE J. TAYLOR

President, International Council of Nurses

It is again my privilege to be with you, my own countrywomen, at another biennial convention. I share with Miss Stimson, the third-time elected president of the American Nurses Association, the honor of bringing to you greetings from the nurse educators of the country of my adoption, at a time when our countries are joined together for the attainment of a great purpose based upon a profound principle: "The right to make the world itself at last free."

We, the American and Canadian nurses, allied together, must do our part, through the use of our professional skill and our spiritual concept, to find the way to make a sick world well. The world is sick today only because it has, in the words of Edmund Burke, failed to realize that ". . . liberty, such as deserves the name . . . is an honest, equitable, diffusive, and impartial principle. It is a great and enlarged virtue and not a sordid, selfish, and illiberal vice. It is the portion of the mass of the citizens and not the haughty license of some potent individual or some predominant faction."

I have the temerity to link these thoughts with nursing, since I come to you also as the official representative of the International Council of Nurses, whose purpose is set forth in the preamble to the Constitution, as follows:

> We nurses, representing various nations of the world, sincerely believing that the profession of nursing will be advanced by greater unity of thought, sympathy and purpose, do hereby unite in a federation of associations of trained nurses to improve our work in the service of the sick, to promote the health of the nations, and to secure the honor and the interest of the nursing profession.

You will note that this refers not alone to Great Britain, France, Germany, Canada, or to the United States, but to nursing throughout the world.

> We have written down the Constitution—a Constitution pregnant with, and powerful for good—but we have to make that Constitution live, and to do this we must inspire it with the vital force of a fine, purposeful spirit. In a society which would be world-wide, which would include members of every race and creed, we must, while maintaining inviolate certain broad, general principles, which form our common bond of union, permit, nay foster, individually in detail, authorizing each country to apply these principles in a manner best suited to its own needs.

Such were the ideals expressed by Mrs. Bedford Fenwick, Founder and President of the International Council of Nurses at its first convention, an adventure for nursing, held in Buffalo in 1901. In 1939, at the last meeting of the Board of Directors, held in London, thirty-one national nursing associations bound thus in international unity, comprised the active membership.

I have the honor to salute my colleagues of the Canadian Nurses Association, one of the oldest and most active units in this great federation of almost 500,000 professional nurses, inhabiting every continent of the world. Although these numbers express themselves in divers tongues, they are bound together by ties more vital than language and national tradition. These ties of human service even a war-torn world has not found it possible to sever.

Due to a lack of appreciation on the part of some controlling bodies, that "government is a trust and the officers of a government are trustees and both the trust and the trustees are created for the benefit of the people", some of our most useful and active national organizations are not now permitted by their governments to function in accord with the organization of the Council. In the face of these restrictions, the women in these organizations are devoting their lives and their resources to the welfare of their fellow men and women, without respect to race or creed, biding the time when it will again be the function of government, in the words of Gladstone, "to make it easy for people to do good and difficult for them to do evil."

Because of the responsibilities which Canadian and American nurses have assumed for the preservation of the integrity of the International Council of Nurses, they are today even more closely joined together. Here on a continent, with no political barriers, we dwell in harmony and peace, holding sacred our privilege of living and working together.

In the fall of 1939, when England entered the War, it was deemed advisable to transfer the International Headquarters to the United States. Since the exchange of money became such a complicated procedure, the American Nurses Association deposited its dues to the Council in a separate account in New York, and through this means assumed responsibility for the financial upkeep of the Council's activities. By official arrangement, money can be drawn from this account upon the request of the president, and the business of the Council, now greatly curtailed, has been carried on efficiently. The Canadian Nurses Association has offered to assume similar financial responsibility if, at any time, the American Nurses Association should find the present arrangement too great a burden. All of the member organizations have been requested to hold their dues within their own countries until such time as peace shall come again.

You will no doubt recall that in the year 1941, the ninth quadrennial congress was to have been held in the United States. Obviously, the plans could not be consummated. Because our task today keeps every nurse at her post, within sound of her own call to duty, the joy and inspiration, which comes from personal and visible contacts, must be relinquished and our souls must commune in silence and at a distance, substituting as far as is possible, the transference of ideals and sympathies by means of the written word. From the majority of our member countries, the lapses within the postal service grow longer and longer and our anxiety for the security of many of our friends has been considerably increased.

May we reverently pause at this moment to pay tribute to Miss Jean Gunn, our beloved sister and friend. Miss Gunn, for many years, was the first vice-president of the International Council of Nurses. In this capacity, she was the reliable confident and adviser of the president during the difficult ordeal of moving the business of the International offices from England to the United States. No greater loss could have come to the Council than that which was sustained when she "finished her course" and was relieved of the earthly tasks so conscientiously, efficiently, and, in spite of physical pain, so generously assumed. Her quiet dignity, together with her keen sense of humor, won for her the admiration and confidence of her associates, and by all who knew her, she was dearly loved.

At meetings of the Grand Council or Board of Directors, Miss Gunn's

clear and logical mind gathered together the wandering thoughts of others, and she presented the crucial points in form for discussion and thereby for making decisions. Her opinions were respected and her judgment relied upon when technical and administrative questions awaited solution. It is our belief that her transference of spirit could have meant but joy to her, since her life had been lived to serve the purpose of God in His infinite plan for the service of mankind. To her friends her passing has left a deep and lonely void, which time can fill but slowly.

Miss Grace Fairley, your own respected and much loved president, is the third vice-president of the Council, and to the president and members she is a most sympathetic, dependable, responsive co-worker and friend. Miss Fairley in Canada and Miss Stimson in the United States, have been towers of strength during this changing period, so vital in nursing history. At the present time, Great Britain and our own two countries must carry the burden, and methinks it is not too soon to be planning for the day when peace will come and, to our sisters abroad, we will open our doors in these two countries which we pray may be saved from devastation and destruction.

Some time ago, when several of the National Nursing Associations in Europe were asked how we in America could best help nurses in the other continents, they invariably replied: "Make it possible for our young instructors, administrators, and public health workers to come to your schools and universities, and assist them in preparing for the almost insurmountable task which lies ahead." It is obvious that they have little time now for any advanced study and will need scholarships and help of every kind from us who have so much to give. This is our challenge and our response will provide another adventure for nursing.

Chief Justice Holmes has stated that "continuity with the past is not a duty but a necessity". The relation of this thought to our own profession caused my mind to dwell on the story of the beginning of nursing in this country, three hundred years ago, when a beautiful young woman, brave in spirit and convincing in personality, set foot on the shores of what was then characterized as "the new world." Jeanne Mance, endowed with unusual courage and a keen and intelligent mind, had a profound belief in the mission which, voluntarily, she had undertaken. The social, religious, and economic welfare, and the health of the people with whom she had chosen to live and to work, were her greatest concern. She began her career with faith in her ultimate achievement. Although frail in body, she was strong in spirit and undismayed by the obstacles with which she was beset. She organized her activities with the insight and forethought of a general, and difficulties only served to stimulate her to greater action.

As we look back three hundred years, we naturally expect to find conditions entirely different from what they are today. They were essentially different since the colony was new, small, and surrounded by tribes of Indians, most whom were primitive, barbaric, cruel, and altogether unfriendly to the new settlers. After three centuries have passed into history, it is with a deep sense of concern that we find the nations of the earth still engaged in warfare and in struggle against each other. Although three hundred years, filled with the greatest opportunities for human development, have elapsed, we find the inventions of science and education turned to the destruction of men, and much of the earth, which God created

beautiful to look upon, now in a state of devastation and ruin.

We are aware that the conditions were different in the seventeenth century. In Canada, those were pioneer days, and hospitals, schools, churches and other social institutions for the security of human lives, were not established. Warfare was a common means of settling differences. Today there has been provided every means known to civilized and progressive nations for the protection of their people from aggressive and barbarous interference. But, in too many of our international relationships, the basic ingredient seems yet to be lacking.

We may have forgotten that, as enunciated by a great philosopher "Truth cannot be put on and taken off at will; it must be lived." And he tells us "We ought to learn that it is not easy for a man to form a principle of action, unless he daily speaks and bears the same things and, at the same time, accommodates them to the use of daily life." We state with some assurance and with pride that we are at war in the defense of democracy, but democracy itself, simply in principle, will not free the world from the terrors and fears under which we and other nations are living. We must formulate a more generous concept of life which actually will give to all the peoples of the world, of every race and religion, the right to live and express their spiritual selves in relation to their conscience.

Says Rabbi Silver, "Our age needs a form of good which will not only *tolerate* differences but which will gladly *use* them for the enrichment of race." To live daily a democratic life with love towards one's neighbor, is to emphasize (and here indeed, the nurse and the teacher, as well as the parent, have leading roles to play) that "There is no wealth but life . . . that we learn what we do truly live and thenceforth live what we have learned; that accordingly we who work with the young must help them to live, each one on the highest level possible of attainment at his age. For in the degree that one lives on a high level now, in like degree does he build this height into his character, where along with the rest already there, it serves to determine the level of future living. And in seeking these things, we labor not as those who have no hope. Our children will learn what they live, and they will then live what they learn. Our task is that they shall truly live."

The function of nurses as teachers of the young and old as well, cannot be given too great an emphasis. Jeanne Mance, our heroine of this conference, was a teacher as well as a nurse, as was also Florence Nightingale, and other certain great women of our profession. Such women had cultured minds and brought to the profession fine ideals of personal life, as well as high technical standards for work. Nurses today are battling in the very front lines for progress in human achievement, at home and abroad. Not less are they fulfilling their obligations to preserve the lives of our fighting forces. Therefore the influence which they can wield may well be conceived as of overwhelming significance in its far-reaching effect. The value of such work cannot be weighed; neither can it be measured in material terms.

At no previous time has the selection and education of students for nursing carried so much meaning as now. What a great adventure is nursing today! Never before in its history has it been fraught with so many and withal such serious obligations and so many opportunities. Perchance under well-meaning misconceptions and short-sighted vision, errors may be made in the education of incoming students through the

translation of the needs of the immediate into the ultimate function of the School of Nursing. In a time such as this, confusion of mind and unrest of spirit cannot be avoided. Nursing is struggling with forces the like of which it has never known. It must comply with all immediate needs but it must also look beyond, in order that a structure may be built which will stand the exigencies of time. One longs to have the power to look into the future and arrange the tangled web into a regular pattern of some kind.

Two decades and more ago, we of the older generation, under somewhat similar conditions, passed through an experience not unlike that which we professionally face today. At that time, in seeking to solve the urgent problems and needs, but with not sufficient discernment for the future, it may appear that we forgot to preserve certain fundamental ideals which were vital to the interest of future generations of nurses. In the words of John Buchan, it may be that we nurses are "condemned to fumble in these times, for the mist is too thick to see far down the road." We are conscious that we must be prepared to do the work which is ours to do today, but surely we can meet the urgent call for "nurses, more nurses and good nurses," without sacrificing the education of the young women who are being recruited into our schools, without jeopardizing their professional future and curtailing the service they must be trained to render in succeeding years.

For the past few years, an increasing amount of time has been devoted to the study of the content and organization of curricula for nursing schools. While not extensive, some research has been done to determine what portions of the existing courses of study are basic and essential and what portions might be looked upon as "frills", non-essentials, or belonging in the realm of post-graduate work. It is my opinion that there would be very little disagreement on the part of those engaged in the education of nurses as to the importance of giving to every nursing student, at least a basic knowledge of the biologic and social sciences which underlie the art and science of nursing. That the necessary content has been provided cannot be determined alone by the number of hours allocated to any course. The content, the method by which subjects are taught and their application to the field of nursing are of greater significance than the actual number of lectures and laboratory hours. The number of hours devoted to a course is too often used as the measure by which its value is estimated, without giving sufficient thought to more vital criteria. A similar comment may be made in evaluating the importance of great buildings and elaborate equipment, forgetting the more vital factors of libraries, teachers, and the students themselves, and how they are trained to make use of the opportunities available to them. Research into education has not revealed that the worthwhileness of a school or a system of education can be made on external factors alone, interesting and useful though these may be.

We are facing a critical situation in the preparation of personnel to meet the emergencies of war. Nursing is one of the professions where a greatly increased number of nurses is needed now, and more will be needed in the years to come. In every country, in times like these, there are those who clamor for short and abridged courses for nurses. There are others who insist that the need will be met by lowering the entrance and age requirements. There are others who advocate that only the

very essential techniques and skills should be taught in schools of nursing in order to hasten the time when a greater and greater number of nurses will be prepared to enter voluntarily, or perchance be drafted, into the military organization. The thought which is often voiced is that after the war is over these young women will return to the schools and complete the work which they have left unfinished.

Granting the fact that numbers are required, it is not enough, even for the care of patients in this most critical time, that nurses so young and inadequately prepared, should be given such great responsibility. It is not enough that they be trained only in the skillful use of their hands and to carry out orders routinely. It is not enough that they learn the elementary aspects of medical and surgical nursing and be then sent forth to take their places in a disjointed world, where principles of right and justice are struggling to find the means to live and be made to work. It is not enough that the daily needs of patients be speedily met unless there is insured to the student an understanding of the more important factors which enter into the total life of the sick patient and his family. It is not enough to learn the technique of giving physical care to the adult in order to be trained to go forth more quickly into military service. All of these techniques are valuable and speed today is of the utmost importance, but there is an art and a science which must underlie every educational program to be worthy of the name, and this educational preparation for such important nursing service, must not be done by half. It must include not only the care of the adult medical and surgical patient but the care of mothers and children, who will be watching at home and subject to strain and anxiety, the like of which they have never before endured. Assurance of safety and security for his family is important to the man at the front when his loved ones are left at home without his protection and care.

It would, no doubt, be easier to provide for the immediate by mortgaging the future of student nurses, but should this be done, other groups of workers, with a longer vision, will take advantage of the present emergency and they will be prepared to take the leadership which nurses should be equipped to take in the great task of assisting the people of the world back to healthful and normal living. We must seek for a way to maintain a just balance in providing for the immediate needs and also those of the future. Neither should suffer if our minds are alert and our insight is keen. For fifty years and more, we have had experiences which teach us that the care of the sick demands a certain amount of maturity and judgment and that a background of good general education and culture is essential to giving intelligent and satisfactory service to the sick wherever they may be.

Nurses, without question, feel that their first responsibility is to assist in winning the war but they must meet their obligations without wrecking that which it would be difficult to restore. None of us know all of the answers but with intelligent and orderly thinking, devoid of unnecessary hysteria, the experiences through which we are passing should serve a constructive purpose. Nursing after the war will never be exactly the same as it has been in the past. Life itself will not be developed exactly in the same old broken molds, nor would we wish that it should be. Let us hope, at least, that the self-satisfaction which has accompanied this materialistic era, in nurses, as well as in others, will vanish, and life be enriched by a deeper awareness that the qualities

of the spirit must not be forgotten in seeking to develop the more tangible physicial and intellectual disciplines.

In any system of education undertaken for the preparation of nurses, it is not the function of educators to strive to make all conform to one pattern, or to subject students, as it were, to laws and control which have as their objective the production of a standard type. The art of nursing must be interpreted in many ways and we must use the material which is provided in science, literature, and history for the purpose of forming certain ideals and to give a new and meaningful significance to the facts of every day living, for nursing is related to the life of every day. This fact is obvious since nurses have a bond of sympathy and understanding, no matter what language they speak nor from what country they may have come. No bond of union or understanding is as secure as service carried forward in the everyday walks of life.

It has been said of general education, and this again is equally applicable to nursing education, that "We tend in life to seek the easiest way. Thinking and adjusting to our conclusions requires time and great concentrated effort. The impatience with which the average human being today demands results, whether they be complete or temporary, handicaps them in their pursuit of ideals and the achievement of perfection. Steady and patient seeking for spiritual and mental development is not the fashion today. The desire for rapid accomplishment and spectacular crises is, by our present social order, fostered and encouraged . . . the building of character is too often forgotten or is omitted in our concepts of true education and is not linked with the accumulation of knowledge, which is only a small part of the real function of education."

We are free in this country to think, to forward the education of our youth and to worship as we desire, but this knowledge and privilege must make us more keenly aware that during certain periods of liberty, something frequently happens to people, and in the moment of greatest need they may not be quite ready to meet the challenge with which they are confronted. What curious minds have we when our points of view can be so easily distorted that we either completely ignore what goes on about us or we revert to hysterical and primitive thinking. In one of President Roosevelt's messages to Congress, he said: "Much of trouble in our lifetime has sprung from a long period of inaction, from ignoring what fundamentally was happening to us, and from a time showing unwillingness to face facts as they forced themselves upon us."

Those of us conversant with the present generation of young people, not only in nursing schools but in colleges and in the world outside our professional schools, are impressed with the seriousness with which they deal with the social and economic questions which touch their own and the lives of others. They think constructively, they have confidence and poise, and are not easily diverted from the opinions which they have formed. They are able to think for themselves and there is little to fear concerning their lack of ability to take up the threads of life when the leaders of today have given all that they have to contribute. There are, however, certain fundamental values in education to which, as their teachers, we must hold. This war will some day be over, please God it may be soon, and a great new work for nurses will then begin. Leadership of the most constructive kind will be required in every part of the world. Not all students, it is true, who enter schools of nursing will be called

upon to lead; to be a good follower is equally important.

Nursing has never carried a greater appeal to young college women than it is carrying today. It is assuredly an adventure which should be carried far and wide, not only into our secondary schools but into our colleges and universities. No longer can the education of nurses be confined within its old and rigid limits. Its function has spread beyond the demands of a hospital or the confines of any particular institution. These functions will continue to grow and therefore a new plan must be created, the better to meet the needs. Thus new life and vigor will be given to nursing through its ever-widening activities of usefulness. Only when these conditions have been met will women who have enjoyed the experiences of education and culture, be interested in nursing as a professional career.

Young college women are begging for opportunity to be truly useful and nursing holds one of the greatest appeals to those who enjoy association with people. Women of education will not enter schools of nursing, however, if the rudiments of nursing are looked upon as sufficient to prepare them for its practice even though we know that nursing occupies a high place among professions for women and affords a great variety of opportunity for personal satisfaction and for usefulness.

To be the kind of nurse the world requires and, we venture to prophesy, will be requiring increasingly in the future, she must learn to be proficient as a teacher. A nurse must not only be expert in the care of the sick; she must as well be an exponent of the laws of health. She must know, and be able to teach the principles of prevention. Mental, physical, spiritual, and environmental factors must not be separated in her concept of nursing, for the patient is a human being with a relationship to other human beings and a member and a citizen of a community.

It is more incumbent upon us than ever before to study critically and constructively the curricula under which we are working. Since time is an important factor in every phase of life, there is no place for either the duplication of content or of effort. We should see to it that adequate provision is made for the inclusion in the nursing curriculum of all essential knowledge but good use should be made of every moment and no unnecessary repetition should be exacted. First things should have first place in the sequence of subjects, and students should be expected to give a good account of themselves. No curriculum, however good, can prepare a student for her place in nursing unless she herself makes use of the opportunities. Upon examination of the entire program of study it may be conceivable that some of our cherished ideas have no real foundation. Miss Nutting once told me that when I found I had a cherished phrase or sentence which I wanted to bring in somewhere in a paper or speech, I had better omit it. Anything which has real meaning and significance, she said, will find its place without being forced.

The purpose of any curriculum is to set a guide for teaching. It provides for an assembling of important knowledge with which students should be familiar and for this reason is a guide for students' research and learning, not less than for that of teachers. Close co-operation and conference between faculty members would diminish greatly the possibility of duplicating content, particularly in lectures. Without too much effort, it could be determined

what knowledge has been covered or will be covered in other courses.

Very little research has been undertaken in schools of nursing to determine in how far the recognition of individual differences in the knowledge and ability of students can be given consideration. Students who enter the school of nursing having already completed a somewhat comprehensive course in one or more of the social or biologic sciences might very well be given some time credit for the course if in all respects it meets the requirements. Other students, if brilliant, might have the opportunity to complete the course in a shorter period of time if, in all details, their work were satisfactory. To hold a student down to a lower level than her ability places her is as serious an error in education as it would be to advance her too rapidly.

In nursing it is more difficult to think in terms of an extensive rearrangement of the program of study on an individual basis, for the reason that part of a student's education is gained at the bedside of the patient, and experience of this nature demands time for training in skill, in observation, and in judgment. It is, of course, an accepted fact that intellectual achievement and motor skill in the same individual are not always on the same level. Some consideration, however, for individual differences should not be omitted in planning the curriculum, as time should be saved, whenever this is possible and just, in preparing young women to meet the needs of the country.

To adapt the words of a great religious teacher, the nursing world is:

> A world teeming with problems and adventure, full of exhilarating, challenging tasks on all sides, ignorance to be eradicated, disease to be stamped out, a whole new kingdom of finer human values to be established by human hands. The stout of heart and the strong of faith need never want for combat, zest and romance in such a world. There are two qualities which distinguish the good life—quality of service and the quality of adventure. Goodness finds its objectives not in ourselves but in others. It is only as we widen the circle of our lives that we develop into spiritual maturity and taste of the good life. The full and free unfoldment of personality, which is life's chief goal, is impossible without projecting our lives into the lives of others and without linking up our destiny with the destiny of the advancing life of the whole of mankind.

These ideals are inherent in all nursing and have been set forth as the objectives of the International Council of Nurses. Its reason for being is service to humanity, and adventure into new avenues of usefulness provides its inspiration. Truly, we are at one in believing that we nurses should do our part to hasten the time when the good life will prevail for every individual of every nation in the world. May I leave with you these beautiful words of Tagore:

Where the mind is without fear and the head is held high;

Where knowledge is free;

Where the world has not been broken up into fragments by narrow domestic walls;

Where words come out from the depth of truth;

Where tireless striving stretches its arms toward perfection;

Where the clear stream of reason has not lost its way into the dreary desert sand of dead habit;

Where the mind is led forward by thee in ever-widening thought and action, Into the heaven of freedom, my Father, let my country awake.

The Role of American Nurses in Winning the War

JULIA C. STIMSON

President, American Nurses Association

For almost a year I have been looking forward to this opportunity of coming to bring to the nurses of Canada greetings from their sisters in the United States. There are many bonds that unite us. For many generations our countries have had only the friendliest relations. We have no armed barriers between us. We are geographically so close we can understand each other's ways of life and thought. We have many personal friends on both sides of the border. And now we are uniting our professional efforts to meet a common foe.

Before telling you of our war program, while we happily review our common interests, we are glad to recall that the forerunner of the American Nurses Association was the Associated Alumnae of the United States and Canada, organized in 1896, and that Canadian nurses and we were in the same organization until we become incorporated in 1901. It was then that Canadian nurses withdrew from membership because the law of the state of New York, under which the association was incorporated, prohibited members from another country. And it is a pleasant thought to remember that even before this in our first national nursing organization, the American Society of Superintendents of Training Schools for Nurses, Canadian nurses were members. Moreover, we are particularly proud to recall that in 1898 the President of the Society was Miss Mary Agnes Snively. Through all these years we have been colleagues and friends, and now as everything we hold dear is endangered we are standing by your side determined with you to give our utmost against the brutal forces of evil which threaten to engulf us. We fully realize with you that we are engaged in a life and death struggle, but that with the combined forces of the United Nations we shall win if we exert every effort in our power, not only as nurses but as citizens. And so it strengthens our hearts and fills us with new courage and new resolve to learn how Canadian nurses are organizing and directing their resources and to share with you our experience and efforts.

We, in the United States, have accepted seven very definite duties in our war service:

To secure an adequate number of eligible registered nurses for the armed forces.

To increase greatly the number of outstanding young women in our good schools of nursing.

To bring back into active nursing service, good graduate nurses who for one reason or another are no longer engaged in nursing, persuading them first to attend a refresher course to bring them up to date on the latest methods.

To persuade thousands of non-nurse women to take the Volunteer Nurse's Aide Course.

To secure a vast enrollment of citizens in first aid courses.

To convince mothers of families and other women to take home nursing courses.

To secure the active participation of every available registered nurse in civilian defense activities.

There in a few words is the nucleus of our National Nursing Program.

As I compare what we are doing with what you here in Canada are en-

gaged in, I can see some ways in which you have a great advantage over us, and some ways in which we, perhaps, have been more fortunate. You, I understand, have but one professional nursing organization, the Canadian Nurses Association. You don't know how lucky you are since we have many, and our working together is complicated because in certain situations we may duplicate and overlap. Our American Nurses Association is the largest, with about 180,000 members. This is composed of 48 state nurses associations, and those of the District of Columbia, Hawaii and Puerto Rico. Then we have our National League of Nursing Education which, as its name implies, is made up of nurse educators and executives in schools of nursing. There are many State Leagues. Then next is the National Organization for Public Health Nursing, composed of public health nurses and lay members. Then, too, there is the Association of Collegiate Schools of Nursing a small group made up of nurses who are connected with schools of nursing that are on a college or university level. Next is the National Association of Colored Graduate Nurses and finally, the American Red Cross Nursing Service and all the governmental nursing services including those of the Army and the Navy, the U. S. Public Health Service, the Veterans Administration, the Indian Nursing Service, and the Children's Bureau.

I am sure that I have made you dizzy recounting all these organizations and made you glad that you do not have to remember them. I'm telling you of these groups merely to show you how complicated and difficult it was for us in the United States to establish a unified program. We have, however, organized a war service council, the National Nursing Council for War Service, which is made up of representatives of all these organizations, that is really getting results in spite of our complexities.

Stimulation for the organization of the Nursing Council in July 1940 came from the American Nurses Association and, until the employment of the Executive Secretary for the Council late in 1941, the work of the Council was centered at Headquarters of the American Nurses' Association. The Association has provided certain organization machinery and working channels whereby the defense and war programs for nursing throughout the United States have carried on. In this war program as in its whole history, the plan of organization and the program which determine its activities have proved to be sound. This is a source of satisfaction to all of us. The organization of the Nursing Council on National Defense (now the National Nursing Council for War Service) followed by the appointment of the Federal Subcommittee on Nursing, required the establishment of effective working relationships between all official and non-official nursing groups in the United States and this has required constant study and evaluation, in order that the privileges, functions, and responsibilities of each of these groups might be preserved and the resources of each utilized to the fullest extent.

Over everything in our war work is a committee of five nurses, appointed by the Federal Government, which is called the Subcommittee on Nursing of the Office of Defence Health and Welfare Services. Just to give you a little glimpse into our overlappings and the problem of distinguishing between our objectives and our duties, take me as an example: I was appointed as an individual, not representing anything, as one of the five members of the Federal Subcommittee; then I'm Chairman of the National Nursing Council for War

Service; President of the American Nurses Association; a member of the National League of Nursing Education and of the National Organization for Public Health Nursing; and I have been an enrolled Red Cross nurse since I graduated from a School of Nursing and on the National Red Cross Nursing Committee for many years. Then, too, I'm a retired member of the Army Nurse Corps. Just imagine that for complexities, if you can. Sometimes I feel like the entire Dionne quintuplets, not to mention all the rest of the family!

Now let's go back a minute to the Federal Subcommittee and see what its job is: its first objective is to know the needs for military and civilian nurses; secondly, it must make plans to meet those needs and, third, it hopes to help correlate the nursing activities of the United Nations in postwar planning by protecting and promoting professional standards. The program of the Subcommittee is to observe and analyse nursing needs (based on a national survey of graduate registered nurses that was made some months ago); to allocate jobs to be done; to review the progress being made and, if necessary, to ask the Government to take over activities that cannot otherwise be put through; and to publicize the whole program.

You can see that this is the overall planning group. When the Subcommittee says the second part of its program is to allocate jobs to be done, that means mainly that it says to the National Nursing Council for War Service, you do this. The Council is, as I said before, made up of representatives of the professional nursing organisations. It has an office, a paid executive secretary, and an assistant; a secretarial staff and committees, some with paid secretaries. One committee is for recruitment of student nurses and one is on the supply and distribution of nurses; another committee is on public information. Another of the jobs for which the Council is responsible is to organize State and local Nursing Councils for War Service with which the National Nursing Council can work in the several states.

I am sure that by this time you are wondering how I could have said, as I did awhile ago, that in some ways we nurses in the United States were more fortunate than you. You certainly cannot envy us our complicated organization. Well, here is the answer: Nursing in the United States has received some federal funds for its work. For the first time in our history, Congress appropriated a sum of money to help certain approved schools of nursing increase the number of students they could admit. Last year $1,800,000 was given for this purpose. How that was accomplished is too long a story to tell now, but I'll say it was largely through the efforts of a Canadian-born nurse, one of our honored leaders, Miss Isabel M. Stewart, of Teachers College, New York, who made a remarkable study of the needs and costs, and worked out a plan which after many vicissitudes was accepted. This is now being carried out with federal funds under one of our governmental agencies, the U. S. Public Health Service, through which this past year 130 schools of nursing benefited and which, we hope, will help a larger number this next year.

To secure enough nurses for the Army and Navy, was mentioned a while ago, as the first objective of the nursing profession. This is a large order, for 2500 eligible physically fit nurses must be obtained every month in the next year to meet their needs. Many thousands are already in the Army and Navy Nurse Corps. The exact figures are not divulged but we

know they are with troops all over the world and in hundreds of camps in the United States. All of our nursing organizations are united in this primary job of persuading eligible young women to undertake this patriotic service. The Red Cross Nursing Service, by charter obligation, is the Reserve for the Army and Navy Nursing Service, so it is concentrating great efforts through Red Cross Nursing Committees in every state to build up this reserve.

While we concentrate our greatest efforts upon securing more nurses for the Army and Navy, our minds are full of unbounded admiration for the courage and heroism of all the gallant women with the forces of our allies in all corners of the globe. We sorrow at the thought of their hardships and sacrifices, but we envy them and wish we were by their sides. We honor the Canadian, the English and Australian Nursing Sisters who are in the hands of the enemy in Hong Kong, Singapore, Malaya, Greece and Crete and hold in dear remembrance the civilian nurses of Britain who so nobly have given their lives in the performance of their duty. From what our memories tell us of the last war and from the meagre accounts that are coming to us from all over the world, we are beginning to learn what the real heroism of Service nurses is today. Our minds follow our American nurses to Alaska, Panama, Trinidad, Newfoundland, Iceland, and to England, Ireland and Australia; also to the Philippines, Hawaii, Guam and New Caledonia; to hospital ships, to hospitals on air fields and in camps and naval stations all over our great country. But no imagination can take us to the place where some of our Army and Navy sisters are: the prison camps of Kobe, Japan, and the prison conditions of Corregidor. We have known a little of the hardships and dangers nurses have endured in the fox holes of Bataan and the bombed hospitals of Hawaii and on ships and clippers carrying the wounded and evacuees to areas of safety. We can appreciate the anguish of their minds when they were ordered to leave some of their patients. With you we bow our heads in sorrow and pray that God will give strength and the courage to endure to all our professional sisters wherever they may be, believing that in their darkest hours they will be sustained by hope and faith. Because they are Army and Navy nurses they will be true to the heroic traditions of their services.

Like the Canadian nurses, the response to the call to the colors on the part of our American nurses in spite of their knowledge of the dangers and hardships ahead of them, is most stimulating! We sometimes think that a lack of overwhelming response is due to the fear on the part of some nurses that they will not have a chance to serve with the expeditionary forces but may be kept for less adventurous duty in camps at home. Recruiting for the Services, as I said before, is the first objective of our nursing organizations. The National Nursing Council's Committee on Supply and Distribution of Nurses is the group in which this job is centered. This committee is organizing Committees on Supply and Distribution in every state and in many localities, and has prepared for their use a guide. This guide shows them how to study their own resources and how to determine the minimum number of nurses in every category, the community needs, and how best to use their available nurse power and so release for the military services those who are eligible

The Council's Committee on Recruitment of Student Nurses is concentrating on securing for good schools of nursing a greatly increased number of

highly qualified student nurses. This Committee has distributed throughout the states a great amount of publicity. Speakers' kits and pamphlets on nursing have been sent to colleges and universities, to junior colleges and high schools, and local recruitment committees have been organized to make the best use of all this material. Newspapers and magazines, and the radio have given a great deal of space to the recruitment program. Results cannot as yet be measured, but there is every reason to believe that this nation-wide intensive program will have a definite effect upon increasing the number of young women who are studying nursing and getting ready to take their place in the ever-widening field of nursing.

The Army and Navy are not the only fields that need nurses. Our civilian hospitals are greatly understaffed because of the withdrawal of nurses for the services and because of the increased use on the part of the general public of hospital facilities. Moreover, there is great need of many more public health nurses in many varieties of public health work, particularly in industrial nursing and in the many boom-towns that have grown up around war industries and camps. The withdrawal of doctors from civil life is also placing additional duties on nurses.

Although there are indications on the part of the medical profession that pressure will be put on our nurse educators to shorten or concentrate the accepted course of education in our nursing schools and upon the Army and Navy to lower their standards and accept nurses who have not had instruction in all the subjects now considered essential, so far our nurse leaders have been able to withstand the pressure and to refuse to lower standards.

Up to the present time the Army and the Navy and all the Federal Services have accepted only nurses who are registered by state laws, and state laws require qualifications in all nursing subjects including obstetrics and pediatrics, and so those who say that these latter subjects are not needed in the military services are up against a real obstacle. Every effort is being made by our nursing organizations to hold out for present standards, although our minds are not closed to the possibility that modifications may have to be instituted in the curricula of schools of nursing after careful studies have been made. The National League of Nursing Education is already starting such a study.

The new ways in wartime which your Emergency Nursing Adviser is promoting throughout the provinces with the help of provincial representatives are very similar to the nursing activities on our side of the border. We, too, are advocating more postgraduate courses, the recall of married and inactive nurses to active service, the increase of refresher courses, the improvement of living and working conditions and personnel practices in hospitals and the expansion of central schools of nursing. Moreover, we are greatly concerned with the preparation and supervision of a vast subsidiary group of nursing auxiliaries.

Volunteer nurses' aides have been trained in the United States by the American Red Cross for a number of years, but under a slow peace-time schedule which would not make them readily available in large numbers for service in the present emergency. In order to supplement the service in hospitals due to depletion of graduate nurse staffs, the American Red Cross and the Office of Civilian Defense jointly have sponsored a program to provide 100,000 volunteer nurses' aides. These aides work under the supervision of the graduate nurse and their training and

supervision on the job make new demands on nurse teachers and supervisors in civilian institutions. It is recognized that in addition to graduate nurses and volunteer nurses' aides, the emergency situation calls for additional personnel whether on a pay or volunteer basis. To this end a category of "nursing auxiliaries" has been set up and a study is being made of the policies which have been adopted by the three national nursing organizations concerning subsidiary workers in the care of the sick in order to learn whether or not these policies should be retained or revised.

Dr. George Baehr, Chief Medical Officer of the Office of Civilian Defense, Washington, D.C., has called attention to the importance of setting up first aid detachments in all industrial plants, in large business establishments, and governmental bureaus—these to be under proper leadership so that they may be prepared to serve all employees and the neighboring public in the event of a catastrophe. Nurses will be needed in these detachments.

Through the Office of Civilian Defense, plans are made for the utilization of nurses and nurses' aides in field unit squads and also for the services of public health nurses in home visiting of the injured released from casualty stations.

The American Red Cross also has a well-organized plan of disaster nursing. In case of an 'incident' it may be necessary to pool all local nursing resources under one central service and to have flexible interchange of nurses in hospital, private duty, and public health service. All nurses are being encouraged to take first aid courses and as many as possible to prepare themselves to become instructors of first aid through the joint efforts of the American Red Cross and the Office of Civilian Defense. Further, the American Red Cross is expanding home nursing classes, setting as a goal at least one-half million participants this year. This requires a demand for many additional nurse teachers and provides a suitable opportunity for married nurses who can give part-time service to make a valuable contribution to national defense. For this expansion, 15,000 part-time nurse instructors are needed, of whom 5,000 have already signed up.

To get all these projects under way has been a difficult task—constantly we are reminded that time is short—decisions must be made at once and with reference to their implications for the future. Each organization has endeavored to anticipate needs and to be ready to meet war demands as these have arisen, putting aside for the moment its individual responsibilities required by the usual program in order to speed up the production of nurse power and make it available when and where needed.

We know that if each person determines that her quota is to be her full capacity, the sum of the efforts of each of us will be a total war effort, the magnitude of which is beyond our concept at this time. More than the accumulation of thousands of individual war efforts, it is a force, a power, a unified overwhelming surge, an outpouring of professional strength on every level, through every association of nurses—national, state, district and alumnae—reaching into every community in an effort to meet every nursing need and to prepare for our larger duties in the peace ahead.

The Mayor's slogan in New York City is: "I need America and America needs me!" I should like to add that we in the United States feel that we need Canada and Canada needs us!

In Praise of Famous Women

MALCOLM MACDONALD, M.P.

High Commissioner for the United Kingdom

Let us begin by praising famous women. I do not know how deep into ancient history one must probe to discover the beginnings of your noble profession of nursing. But every schoolboy does know that often down the centuries as the story of humanity's struggle has unfolded, dark places where sickness and death threatened to bar man's onward march have been illumined by the devoted nursing of brave women. For example, I think there is no more courageous and romantic chapter in the tale of men's conquests of wild new lands than that of the early French settlement of Canada. Amongst those first Canadians were many leaders who showed the highest heroism—men like Champlain, Brebeuf and Frontenac. But one of the most attractive characters amongst them is that of a woman, Jeanne Mance. On a summer's day, exactly three centuries ago, she came with the first ship's company of pioneers and landed on this spot where we sit to-night. That morning she sallied forth to pick flowers in the forest where cruel Iroquois might well have picked her instead, and she set them on the altar at the first celebration of Mass on the site of Montreal. That day she helped to found Montreal. That day she founded the first hospital here. That day she gave one of the earliest impulses to Canadian nursing. It is well that you should celebrate piously this tercentenary of her landing, for in a way you are all offspring of Jeanne Mance.

Often in these days, amidst the fury of war, one thinks of the great leaders of nursing. For example, each morning now we seek eagerly in the newspapers the latest tidings of the siege of Sebastopol. Aand instinctively your imaginations fly back across almost ninety years to another grim and bloody siege of Sebastopol when Florence Nightingale rode horseback through the Crimea, directing the care of our wounded soldiers. I suppose the popular conception of her is still the angelic Lady of the Lamp whose very shadow rough soldiers used to kiss fervently when it crossed their pillows as she walked through the crowded wards of her hospital at Scutari. Well, of course she was that gentle creature. But she was much else besides. Otherwise she would never have become the mother of modern nursing. The conditions in British hospitals then were a scandal not only on the distant shores of the Black Sea, but at home and wherever they existed. There was no proper sanitation, no ventilation, no cleanliness, no adequate equipment. And Florence Nightingale did not charm these elementary things into being by mere feminine magic. In urging them she was opposed through many years by the most thick-skinned official incompetence, parsimony and inhumanity. She only gained a victory by fighting these like a tiger, like a fury, even like a devil, with—for those days—unladylike obstinacy, vigour and intellectual power. She is one of the most remarkable reformers, of either sex, of all time.

I like to recollect that when she began her great fight at Scutari her principal ally was a certain gentleman sent out to represent the London *Times*, whose name was MacDonald. The

members of the fighting clan MacDonald have played a part on many a pretty battlefield, but never on one more honourable than the Crimea when humane nursing was born. (I hope you will forgive that little outburst of primitive Highland pride.)

Well, time plays some strange tricks with us. In those days when Florence Nightingale was in the Crimea *our* soldiers were laying siege to Sebastopol. We strove might and main to drive the Russians out of the great fortress. But in the present world struggle between the forces of good and evil the Russians have struck some of the mightiest blows against the forces of evil. To-night it is the hope and prayer of us all, including you modern Florence Nightingales, that the Russians shall this time remain victoriously inside Sebastopol.

In passing, it is interesting to learn that at the very time when the redoubtable Miss Nightingale was fighting against appalling hospital conditions in Britain, a similar state of affairs reigned here. Let me read an account of the wards, and I regret to state the nurses also, of the Montreal General Hospital as they were in the year of Canadian Confederation, 1867:

> The wards were small and rather untidy, the nurses were Sarah Gamps. Good creatures and motherly souls, some—all uneducated. Many looked upon the wine when it was red. In those days it was with the greatest difficulty patients could be induced to go into a hospital. It was the popular belief that if they went they would never come out alive. No records were kept. The clinical thermometer had not come into use; the patients had to look after themselves; fresh air was not thought necessary. Armies of rats disported themselves about the wards.

But I will not read on. Let us draw a veil over those horrors. For from my knowledge of Canadian hospital wards today, and from my view of you this evening—without any artificial stimulation from the wine when it is red—I can see that there have been as wonderful improvements in Canada as there have been anywhere else since the reforming zeal of those days.

But man—and woman too, so far as I can make out—is a restless animal. They are for ever striving for improvement. Standards which seemed good in one age are not thought good enough in the next. The members of the nursing profession are still on the march. They have been amongst the greatest benefactors of mankind. But I do not think that mankind have yet requited their services fairly. At any rate, let me speak about the situation in Great Britain. I think—and I doubt not that you will agree—that the nursing profession should be recognized and treated as the equal in usefulness and honour of any other profession in human society. But, however much lip service may sometimes have been paid to that idea, the profession had not in fact attained that status in pre-war Britain. The living quarters for nurses were not always satisfactory, the conditions of their work were often excessively hard, and their pay was insufficient.

However, we were on the way to correcting those things when the war broke out. A Royal Commission had been studying the whole question of the training and working conditions of nurses. When its Report appeared it proposed a great and comprehensive programme of reforms. I shall not trouble you with its details. But it will please you to know that the chairman of that Commission, whose recommendations mark a new era in nursing in Britain, was the present wise and kindly Governor-General of Canada, the Earl of Athlone.

Before he and his colleagues had completed their task and set their signatures to their enlightened document, the latest war had broken out. And then to all their cogent arguments was added another powerful argument. It was not demonstrated on paper, but on the field of action. It was not written in ink but, before long, in the blood of nurses. It was the argument that just as when the life of an individual is threatened it is often a nurse who comes to the rescue, so when the life of a nation is in mortal danger the whole body of nurses come to its rescue.

As Minister of Health, during the Battle of Britain, I had particular opportunities of watching the conduct of the nurses in those stirring episodes. Of course, before the battle broke we were prepared for it. For one thing, with the prospect of casualities on a gargantuan scale, we had created a vast Emergency Hospital Service. In it the famous voluntary hospitals and increasingly important municipal hospitals were more or less merged. To them were added the buildings of numerous other institutions, which were turned into temporary hospitals for the duration of the war. In addition large communities of new huts were built in the grounds of many of these places, containing up-to-date wards, x-ray departments and operating theatres. In a similar way many of the cottage hospitals in rural Britain were expanded. On top of that some of the noblest country mansions were transformed into hospitals. And lest all that did not prove enough when the hour of onslaught struck, other stately houses and famous schools, which were being used for other purposes in the meantime, had beds, blankets and equipment stored in their nether regions or immediate neighbourhood, so that their rooms too could be changed into wards and operating theatres at a moment's notice.

To staff this Emergency Hospital Service we naturally mobilized a great multitude of nurses. I hope you will not misunderstand me when I say that they were all thrown into a common pool. For instance, the War Office controlled very few hospitals in Britain itself. It had been agreed as a matter of administrative efficiency that so far as possible one authority in Britain should be responsible for the care of all wounded, whether military or civilian, inside the island. So with a few exceptions all the hospitals were put under the ultimate control of the Ministry of Health. And when our army had been beaten off the continent, and nurses as well as soldiers were evacuated from Dunkirk—when we had not yet opened up other fronts, and the whole force of the enemy's attack was loosed upon Britain itself—the War Office readily agreed that the services of army nurses should be called upon by the Ministry just as much as they were needed.

Of course, there was already a great force of highly competent civil nurses who formed the nucleus of the nursing staffs in the new huge hospital service. Other registered nurses who had retired returned to work, and fresh youngsters were all the time being trained. In addition we formed a reserve army of less thoroughly trained auxiliary nurses who were available to reinforce the wards. As it turned out we were prepared for something much worse than the Germans have yet been able to do to us. But it was really the steadfastness of the population, including the nurses, which prevented things from being much worse.

When total war came upon us in deadly earnest, the nurses passed every test that was imposed upon them. Their

professional skill was not found wanting. They had a great part in establishing the remarkable record that only 1.7 per cent of the many thousands of wounded soldiers who were carried across the English Channel straight from the battlefields round Calais and Dunkirk died of their wounds. And when the enemy's attack struck sharply across Britain itself no one behaved with surer courage than the nurses.

I remember the first occasion when one of our London hospitals was badly hit. I visited the place at once, to see for myself whether our plans for rescue, for the evacuation of patients, and other emergency services had worked satisfactorily. A direct hit by a high explosive bomb had made one wing of the hospital into a broken skeleton. And what stirred me most in the story that I heard was the conduct of the nurses. Through the dark night, whilst the raid was still in progress, they had hurried amongst the ruins helping to dig out patients who were buried alive, tending those who were suffering from shock, comforting those who were frightened, and needed words of comfort. They had set an example of coolness which took no account whatever of their own personal safety. I had the honour of drinking a cup of tea with them. They were a small company of average young women. They were tired after the night's grisly work; some of them were a bit shaken; but not one of them gave as much as a thought to quitting their posts even for an hour.

One of the things that has seen them and their comrades in Britain through their trials is their gay, defiant humour. In the midst of the most desperate and baffling situation someone will make a joke and set everyone laughing. Of course, occasionally the humour is unconscious! I remember a man who was knocked out by a bomb which landed close by him. Thirty-six hours later he came round, and found himself lying in a hospital ward with a young cockney nurse bending over him. He felt so dreadfully sore and depressed that he asked, "Nurse, have I come in here to die?" "Oh no," she answered with a bright smile, "you came in yesterdie."

Before long the nurses were doing much else besides helping to care for the wounded in the hospitals. From the beginning, of course, many of them had occupied other stations on the battleground. Every first aid post in the streets had its team of nurses standing ready day and night. To them came the walking casualties, people too slightly hurt to need immediate hospital attention. I often watched them coolly and deftly snipping off some of the hair of people with superficial head wounds—whilst the noise of falling bombs sounded from the streets outside. Then other nurses manned the mobile first aid units, which raced to scenes of catastrophe which were remote from any fixed post. And yet others were on the ambulances which bore the seriously wounded through the cannonade to the hospital doors.

But soon the help of nurses was required in yet other places on the field of battle. For example, many citizens crowded into the tube stations and underground vaults and other huge shelters against the raids. They stayed in those places all night, night after night. But such subterranean congestions were a threat to the public health. In order to meet and conquer that danger a fully equipped medical aid post was established in every one of those large shelters, and a pair of trained nurses was in constant charge of them. Then other new institutions grew up amongst the seered and scarred streets of bombed towns. They were the refuges where

homeless people could get food and rest and shelter. There were thousands of those places, and many of the people who came to them only a few minutes after being bombed out of their own homes were suffering from shock; or they too were bruised and cut and they needed immediate expert care. A permanent member of the staff in every one of those merciful places was a nurse. The nurses were in other places as well. They were stationed in munitions factories and other vital centres from which the British nation waged its magnificent war against the tyranny which had overrun the rest of Europe.

The stern, unbending John Knox once spoke of "a monstrous regiment of women". Well, Adolf Hitler might well now complain of the monstrous regiment of women in Britain. It is no exaggeration to suggest that they have stood between him and victory. I doubt whether the spirit of even the tough population there would have survived the strains put upon it but for their unfailing resolution. And also their heroic, tireless work. For it is not only as nurses that they have acted through the din and danger of battle. As air raid wardens, ambulance drivers, telephone girls, auxiliary firemen, anti-aircraft gunners, munitions workers and all manner of other citizen warriors they have helped to keep the foul enemy at bay, and they will go on helping until we have brought him to his knees.

And you Canadian nurses are in the struggle too. Some members of your Association were with the Canadian troops in Hong Kong, and are now prisoners of the Japanese. Others are in South Africa, nursing the wounded who come there from the crucial battlefields of the Near East. Yet others are in Britain, waiting to join in the adventure which will befall the Canadian overseas army before this war is finished. That army's day will come. General MacNaughton has called it a dagger pointing straight at Berlin. We shall not gain our victory until that beautifully steeled weapon has been used. And when the Canadian army moves forward to its high destiny, many Canadian nurses will go with it. From the bottom of my heart I wish all of you good fortune now and in the future.

The Significance of the Joint Conference

KATHLEEN RUSSELL

The general topic for this morning's session calls for consideration of the responsibilities of the Canadian Nurses Association, immediate and post-war, which indeed is the one topic dominating all of our thoughts. I am asked to comment upon a conference which was held on the last two days of September of last year, a conference shared by representatives of the university schools of nursing in Canada together with the members of the Executive Committee of the Canadian Nurses Association. The reason for making this the starting point, this morning, is that it was at that conference that the C.N.A. outlined a programme which has resulted in some clear cut and concerted action which is to be reviewed this morning.

First we should recall the circumstances of that conference. The initial factor that brought it about was a letter sent last July to the Executive Committee of the C.N.A., by one of the Pro-

vincial Associations, namely the Registered Nurses Association of Manitoba. That letter voiced the concern — by that time felt generally — regarding the growing problems of Canadian nursing services, problems resulting from the war situation, or at least intensified by this. The letter reviewed the special weaknesses of nursing supply, voiced the fear that ill-advised remedies might be forced upon us, and then proceeded to offer one definite suggestion, namely the enrolment in Canada of a special class of young women to take a nursing course under very particular conditions. In fact it was suggested that Canada should arrange a course patterned on the plan of the Vassar Camp organized in the United States during the last war. Briefly this was meant to be a national effort, with a staff assembled temporarily for this purpose, the enrolment to be restricted to a group of university graduates selected as being relatively mature, to offer this training in a period somewhat shorter than the usual three years, and to have the candidates selected with the idea of providing leadership material. It was assumed that, if necessary, a number of Canadian hospitals would be willing to co-operate in working out such a plan. Have I made it clear that there was no suggestion here of a new school, nor was there any thought of permanent organization. Like the Vassar Camp of 1918, it was to be strictly an emergency war measure that might not go further than the enrolment of one class.

This suggestion was offered as one method of helping to meet several of the dangers confronting the nursing profession, such as the lowering of entrance standards, the increased crowding of the hospital schools, the further overloading of the harassed instructors in these schools, and the present dearth of leadership material in the professional ranks. The difficulties in the way were the cost, the hard work involved, and the timidity of the nursing profession. When this particular course was suggested no exact name was given it and, unfortunately it was grouped with other quite different suggestions under the title "central school"; a good deal of confusion has resulted thereby, so now an exact name must be found. Temporarily, for the purposes of this paper, I am going to call it a Canadian War Course. As the objections to this name are obvious, I am ready to give way to the first person who will improve on it.

As it was assumed that this Canadian War Course, if established, would be placed at some university centre where the preliminary work at least would be done, the Manitoba letter suggested conference with the staffs of our university nursing schools. The C.N.A. Executive accepted the suggestion and in September called the meeting which is now under discussion.

So much for the background of the meeting. Now we arrive at the meeting itself. In the words of the programme, I am asked to speak of its "significance and importance" but, as those two words approach each other so closely in meaning, I shall not attempt to separate them. We speak, then, of the significance of that September meeting or, in other words, of what was purposed at the time, and of what may be expected to follow from it. What then did happen on those two days last fall; what in consequence, has happened since; and what is likely to happen in the coming months? First, the questions must be answered negatively for, when the conference took place, the original suggestion of a Canadian War Course was not dealt with directly. It merely took its place as one of a number of suggestions which were presented for discussion: actually it did not receive a great deal of consideration. Perhaps it will be

brought back more sharply for attention today.

Having sidetracked somewhat the issue that served to call it together, what matters did the conference take under consideration? It went back to search the original causes of uneasiness about nursing, and agreed that these consisted of both quantitative and qualitative shortages in nursing service. Some careful analytical thought was given to the exact nature of these shortages which were found to be varied, but specific rather than general, showing particularly a scarcity of instructors, ward supervisors, public health nurses and general duty nurses. Opposed to this, it appeared at that time that the student nurse group was filled well, the military services were supplied bountifully, and the private duty group reported no shortages. Also it was possible to supply readily any special group when the demand came from other countries for Canadian nurses: examples of this are the units enrolled for Scotland and South Africa. This analysis of the Canadian nursing situation resulted in the proposal of a number of activities designed to meet the various needs and, following the joint meeting, the C.N.A. Executive Committee put these proposals into shape as a list of formal recommendations which, as you know, were published immediately. It should be asked, therefore, if any purpose was served by having called the representatives of the university nursing schools to that meeting with the C.N.A. Executive. Perhaps not as directly as would have been the case if the meeting had proceeded to work out a Canadian War Course to be placed at a university centre; but, as it transpired that many of the recommendations were dealing with educational questions, and some particularly with post-graduate and refresher courses in the university schools, it was possible for the university representatives to give immediate help in the deliberations that took place. An indirect result has been the proposal that some form of permanent association be adopted by the university nursing schools.

Thus we have surveyed the September conference, the reason for calling it and the nature of its deliberations. The action that has taken place since will be dealt with fully by other speakers this morning. Perhaps the significance of the meeting can be summarized by stating that it has given to the nurses of Canada a four-fold opportunity to be described as follows: First there was the opportunity of the original meeting which provided a candid discussion of the needs and weaknesses of present nursing services, and offered proposals for improving the situation. Second, the opportunity during the past winter and spring to live through the first general reaction to those proposals. This reaction has supplied much interest and support, but has contained also a plentiful amount of misunderstanding, objection and withdrawal. Third, the opportunity for this second conference here this morning, made doubly valuable because of all the discussion which has taken place since the first meeting. Fourth, the opportunity now to go forward, immediately, quickly, insistently, courageously, wisely.

Will there be further extension of this opportunity? We wonder. Surely we may hope that, before another Biennial Meeting of the C.N.A. takes place, the end of this war may be within sight. It would seem, in relation to the war emergency, that, by that time, either we shall have acted wisely and strongly with the result that Canadian nursing will have served to the utmost, or we shall have muddled through, serving and failing alternately. Also, as far as future professional progress is concerned,

either we shall have turned a great emergency into a real opportunity to make progress, or we shall have lost this opportunity irretrievably.

This morning's discussions are very important. Can we watch ourselves? Can we analyze ourselves and our motives? Willingness to serve? Yes, to an amazing degree. But we are very timid; very jealous in both the strong and the weak senses of that word; and set in a mold that was formed under circumstances that differ from the present. Do we allow ourselves an unprejudiced examination of new proposals? If not, at least we seem not alone in this weakness, for are we not, ourselves, hurling this same accusation at all other groups today, governments, military authorities, industry, and so on. Can we take warning, face the facts of inevitable development, realize that we must adapt to meet this development, and be ready to accept some risks? Have we no faith in ourselves and our own generation? As the Victorian age was able to produce a nursing training that suited its own day, marched with its own educational framework, and produced, thus, some nurses with a fine sense of discipline and responsibility and devotion, is it too great a task for us to adapt to the educational possibilities and demands of 1942 and at the same time to produce some nurses with an equally fine sense of discipline and responsibility and devotion? Our conference this morning should help us to find the answers to these questions.

The Report of the Emergency Nursing Adviser

It is my privilege and responsibility to report on the activities of the Emergency Nursing Adviser to the Canadian Nurses Association and some of the developments that have taken place in connection with these. Since her appointment, the Adviser has worked closely with an advisory committee consisting of the president and the two vice-presidents Miss E. K. Russell and Miss F. Munroe. Miss Maisie Miller was appointed secretary of this committee. The Adviser is deeply grateful to Miss Marion Lindeburgh, chairman of the committee, and to all the members for their advice and guidance which has been a source of great support and encouragement.

It will be borne in mind that the responsibility of the Emergency Nursing Adviser, as outlined at the joint conference held in Montreal in September 1941, and by the advisory committee, was primarily to make contacts in the nine provinces for the purpose of giving assistance in implementing the recommendations that resulted from the joint conference and to obtain a bird's-eye view of conditions. The nature of the visits did not permit of any detailed study being made, and those paid to hospitals were not in the form of inspections.

Doubtless, an intensive survey would have resulted in more tangible proof of the efforts expended and, in statistical report, that might have presented a more effective word picture. However, at the outset the fact was stressed that contacts and action were desired rather than an accumulation of facts and figures. Some of the latter have been made available through the co-operation of provincial representatives and registrars.

While some of the reports did not arrive in time for full use to be made of the figures containd in them, these will be tabulated later and have afforded the necessary support for many of the statements contained herein. The period of three months originally mentioned for the activities of the Adviser was early extended, as it was realized that this time would not allow for more than the initial contacts being made in all provinces, with possibly more concentrated visits in a few of them. The latter were paid in Quebec, Ontario, and British Columbia. The minimum time spent in any one province was 24 hours and the maximum 21 days; the latter period covered all visits. Before the Adviser accepted the appointment it was understood that it would be necessary for her to return to Saskatchewan by April 15 and to her permanent duties for an uninterrupted period of six weeks.

The appointment of Mlle Giroux as an associate to work in the French-speaking hospitals was a very happy one. Mlle Giroux carried on a very active campaign in the Province of Quebec, especially between the time that she was released from hospital duties and her appointment to military service. While we share with Mlle Giroux the honour of her appointment to military service, it is a matter of regret that her services with the Canadian Nurses Association cannot be continued, except for a brief period when the Matron-in-Chief has graciously suggested that Mlle Giroux may be permitted to complete the plan made for her to visit one or two other centres. It has been a great pleasure to work with Mlle Giroux. With sincerity and enthusiasm she has interpreted the purpose of her activities and, in the words of the Provincial Registrar in Quebec, "has done an excellent piece of work".

The work of the National Adviser began officially on January 19, 1942. After her arrival in Montreal about ten days were spent at the National Office in order to initiate a programme of visits and to make preliminary contacts in Quebec and Ontario. Before the visits began, a letter was sent to all provinces enlarging upon the recommendations and suggesting ways in which they might be implemented. It was also requested that a representative be appointed in each province to work with the Adviser, and to do follow-up work which obviously would be necessary. With the exception of certain general suggestions and recommendations regarding press publicity, the arrangements for the Adviser's visits were left in the hands of the representatives. A report on the results would make an interesting story. In many instances even brief visits were made use of in a most surprising and gratifying way. The ready response met with in the Province of Quebec, with little if any time for preparation, will always be a matter of special appreciation.

In one province, by special arrangements made through the provincial association at a single session, the Adviser met the superintendents of nurses in all but one school. In another province, at one meeting she made contacts with the president of the University, heads of the provincial and city health departments, the Dean of Medicine, the president of the Medical Association, representatives of the boards of directors in two hospitals and a representative of the Red Cross Society, the president of the provincial and local Nurses Association, the superintendent and the superintendent of nurses in two local hospitals, and a number of nurses. In three provinces the Adviser attended the annual meetings of the provincial associations and, in two provinces, special quarterly or district meetings. These contacts were

of great interest and value.

On many occasions, when visits were paid to hospitals, opportunities were afforded for contacts to be made with boards of directors. We are particularly indebted to the Department of Health in Ontario and to the Director of nurse registration, Miss Munn, and to the inspector of schools, Miss Hilda Bennett. In this province the inspector of schools of nursing was released and, with the department, took charge of transportation and accompanied the Adviser on many of her visits in the province. This not only gave very valuable support, but added very greatly to the pleasure of the visits. When carrying out activities in connection with the re-organization of registries, Miss Madalene Baker also gave most valuable assistance in this province, and included some very effective presentations of the recommendations and work of the Adviser as she made contacts in the northern part of the province.

The Adviser wishes to express most cordial appreciation of the co-operation and assistance given by the provincial representatives, registrars and nursing leaders in the provinces. It is realized that the effectiveness of the work is directly related to this support which frequently involved expenditure of time and effort on the part of very busy people. The Adviser is also indebted for the very cordial welcomes extended to her and for much hospitality. The work has proved a rare opportunity to make new friends, as well as to strengthen professional ties. The number of addresses given by the National Adviser total 104, plus 49 special conferences. These indicate the understanding attitude that paved the way for the Adviser's visits and capitalized upon opportunities.

An attempt has been made to keep in touch with the provinces by letter and report, and to supply them from time to time with material that it is felt will be of value. Owing to limited time and lack of experienced secretarial help which is difficult to obtain, especially when travelling, the Adviser feels that this phase of the work has not been covered as adequately as she could wish. However, the following material has been sent to each province in addition to information dealing with specific problems: (1) a letter of general information enlarging on recommendations; (2) information regarding preliminary schools, refresher courses, scholarships, the status of the general staff nurses, private duty nurses, in-service education, publicity, and (very recently) salary schedules. An effort has been made to interchange pertinent information received from provinces, especially that which has bearing on developments relating to the recommendations.

In May, the Adviser attended the National Biennial Nursing Convention of the American Nurses Association, the National League of Nursing Education and the National Organization for Public Health Nursing and, at the request of the President of the C.N.A., took greetings from the nurses of Canada. The registration of this convention numbered over 10,600, and the opportunity of attending the sessions was an inspiring one.

In the allotted time it would be impossible to report in detail on the activities that have been carried out in the nine provinces and, in this report, the Emergency Nursing Adviser will only attempt to touch on these in some general statements. In order that the work in the provinces may be more closely identified, the provincial advisers have very graciously consented to speak to certain recommendations, and by this means to present them in a live form for further discussion.

A study of the recommendations reveals the fact that they are built around (1) the graduate nurse; (2) the student nurse. They deal with the preparation, development and interests of the nurse in order that she may serve to her fullest capacity, especially in the present crisis, and enjoy legitimate satisfactions in return. The nursing profession is concerned with providing adequate personnel in order that necessary nursing service may be available to all the people of Canada now and in the future. The recommendations deal with:

The special preparation of teachers, administrators and supervisors, without which our schools and public health organizations cannot carry on effectively.

An adequate supply of suitable candidates for schools of nursing and how this may be sustained.

The support of standards and possible plans for acceleration in preparing nurses for the field (centralized courses) without endangering standards.

The stabilization of nursing services by the organization of stimulating programmes for all graduate nurses; improvement of working and living conditions and hours of duty for nurses; recognition of the importance of the general staff nurse as one who assumes a great deal of responsibility for the nursing service in most hospitals today.

Plans for meeting any emergency that may arise.

Directly affecting all these developments is the question of financial aid and appropriate publicity as part of an educational programme. The president of the Canadian Nurses Association has already spoken at some length of one appeal made for financial aid. In the recommendations reference is made to other potential sources of aid. These must be thoroughly explored. A resolution has already been forwarded from one province to the Executive Committee of the Canadian Nurses Association regarding the possibility of obtaining financial assistance in the recruitment of applicants from the Federal Youth Training Plan that is now in operation. Recently the Kellogg Foundation made a gift of scholarships and loans to a number of universiy schools of nursing, and at least one organization has already given scholarships to aid six students in the first year of a nursing course. These developments are encouraging.

A plan for a national publicity campaign, accepted by the Advisory Committee, has been approved by the Executive Committee of the C.N.A. The plan in question is to be under the direction of Mr. W. A. Lawrence, publicity counsel in Montreal. It is recommended that this go into effect immediately.

In support of the recommendation dealing with the need for co-operation with the medical profession and special groups, at the request of the president of the C.N.A. a letter was sent by the Emergency Nursing Adviser to the secretary of the Canadian Medical Association urging that consideration be given at the meeting to the desirability of members of the medical profession keeping themselves definitely informed of conditions as they exist in centres in which they are practising, and of the enormous burdens being placed upon hospital and school of nursing administrators and nursing personnel at this time. A copy of this letter was also forwarded to the president of the Canadian Medical Association and to the secretary of the Canadian Hospital Council asking their support of the recommendation. It was suggested that, as a wartime measure, demands on hospital service might well be reduced to a minimum that is consistent with the adequate protection and comfort of the patient and welfare of the institution. Other developments in connection with the recommendations that arose out of the Joint Conference are to be told to us by the provincial representatives today. The fact

is emphasized that without this understanding and support there would be little to tell.

The Adviser wishes to express her cordial appreciation to the editor of *The Canadian Nurse* for her support and assistance, as seen in the liberal use made of the *Journal* to keep members of the profession informed of developments. The Adviser is also very grateful to the Executive Secretary of the Canadian Nurses Association and her assistant for all the facilities placed at her disposal and for their readiness to help at all times. Again it is realized with appreciation that interruptions and special demands have often placed an additional burden on busy executives. It is earnestly hoped that these may be fully justified as the work proceeds.

It has been said that crisis is the crossroad between achievement and disaster. We are now facing a crisis of very great proportions. It is earnestly hoped that out of this there may arise unquestionable evidence that the nursing profession has accepted this challenge and directed its full effort towards more perfect achievement of those things for which it stands. As nurses, many of us are concerned by the overwhelming responsibilities that the nursing profession has accepted over a period of years. In the recommendations we suggest that the time has come when these responsibilities must be shared by other professional groups and by all the people of Canada.

These are the recommendations and proposals resulting from the report and findings of the Emergency Nursing Adviser, Canadian Nurses Association, with the amendments adopted at the General Meeting, June 1942:

Recommendation 1, *Special Preparation of Nurses*: It is recommended that the policy of stimulating interest in post-graduate work be continued and emphasized in every way possible in order that specially prepared nurses may be available for key positions in requisite numbers and that this policy include:

Persistent appeals to superintendents of nurses to interest suitable candidates in post-graduate work and to prepare them for it.

Continued efforts to establish scholarships and loan funds, and to interest nurses in making use of these.

The tapping of *all* sources from which financial aid may be forthcoming. In addition to aid from the Federal Government, there are many other sources from which financial assistance may be obtained, such as foundations, boards of directors, alumnae associations, etc.

The adoption of measures to impress upon the graduate nurse the importance of preparing herself through post-graduate work to meet the demands of the present crisis and ones that will inevitably arise during the period of reconstruction. In many schools the need for preparation after graduation is kept before the student nurse as an objective for which she should be planning. This is a sound policy, and one that authorities in schools should be asked to support consistently, although some experience is recognized as desirable before a nurse undertakes post-graduate work.

The careful study of conditions of employment for the purpose of making these as attractive as possible, including hours of duty, salary, living conditions, opportunities for personal freedom and growth.

Recommendation 2, *Post-Graduate Courses*: It is recommended:

That courses be established in Canadian hospitals on a *graduate* nurse level. Tentative standards for the setting up of post-graduate courses have been prepared by a special committee of the Canadian Nurses Association. Very careful study should be given to these.

That post-graduate courses in the various specialties, such as medical and surgical nursing, operating technique, etc., be organized

to include additional clinical experience, and experience in ward administration, plus courses in methods of teaching and ward management. Presumably the latter would be taken at a university or some such centre.

That University authorities be asked to give consideration to the desirability of giving more intensive courses in public health nursing, teaching and supervision, or to the dividing of such courses so that they may be taken in four-month periods in two different years, with a credit towards a certificate course. This would suggest the desirability of establishing a credit system which already exists in some universities. At the General Meeting, the following addition was made to this recommendation: "Whereas it is recognized to be sound and progressive educational policy to keep universities open on a yearly basis, dividing the year into semesters or quarters, be it resolved that steps be taken to develop courses in nursing education on a semester basis; furthermore, that particular stress be given to the opening of university summer sessions to nurses, and that such work be given full credit towards a diploma or a degree". This recommendation is to be referred to the incoming executive with the suggestion that they confer with the new Provisional Council of University Schools in order to implement it.

It is suggested that more attention be given to the possibility of a student securing monetary allowance while taking post-graduate work in return for some suitable service that might be undertaken in addition to the work of the course. It is understood that this policy also is observed in some centres. It should be applied with discretion.

Recommendation 3, Student Personnel and Recruitment: The recommendation that "continuous study be made of conditions most fundamental to the welfare of student nurses and to the improvement of their professional education" is re-stated. Living conditions, hours of duty, personal restrictions and physical strain are continually cited as deterrent factors to the choice of nursing as a career. Therefore it is recommended:

That constant study be given by authorities in individual schools to these problems, and that whenever feasible the assistance of provincial and national organizations be sought in bringing about more desirable conditions.

That the recommendation that every consideration be given to the establishment of a 96-hour fortnight for graduate nurses and students, with one whole day off duty each week, be definitely re-endorsed. At the present time this recommendation offers special difficulties. However some relief measures are suggested later in this report.

That a definite campaign be organized in each province to provide for contacts with principals and students in high and private schools and universities, in order to present to them desirable information regarding nursing. The assistance of younger nurses engaged in various fields of professional activities may well be enlisted in making this presentation. Use may also be made of the press and radio. At this time the recruitment of a desirable type of student for schools of nursing is very essential, if the number of candidates is to be kept at a normal or somewhat higher level.

That without delay a study be undertaken to determine if the number of nurses now being graduated is sufficient to meet the present demands and those of the future as these can be foreseen. It is very essential that the Canadian Nurses Association now be prepared to give guidance to authorities in schools in this matter. The following recommendation from the Hospital and School of Nursing Section was endorsed by the General Meeting: "That whereas there is a greatly increased demand for graduate nurses due to war and emergency conditions and a shortage of nurses, both graduate and student, which is felt most keenly at the present time, be it resolved that, as a war measure, steps be taken to meet the serious shortage by temporary increase in student enrolment in approved schools of nursing where it is possible to strengthen teaching and supervising staffs to a satisfactory degree". It must be borne in mind that schools of nursing are now meeting stiff competition; nursing should be kept before the public as a truly national service and one which

presents opportunities that will not end with the war.

That schools having more desirable applicants than they can accept, refer these to other schools; otherwise these young women may be lost to the profession.

That whenever possible a re-interpretation of nursing in the light of modern trends be given. This should be distinctly helpful in securing a better informed public.

That every effort be made to support sound standards and requirements in approved schools although it is suggested that, without seriously affecting standards, the minimum entrance age requirement may be reduced to 18 years as a special war measure. When considering standards, it is interesting to note that more than twice the number of applicants required for the September class is reported in one school in which the minimum entrance educational requirement is grade 12, plus chemistry and physics or biology.

Recommendation 4, *Central Preliminary Schools, Acceleration of Preparation, Protection of Standards*: It is recommended that studies in connection with the establishment of central preliminary teaching be vigorously pursued, not only as a wartime measure but in recognition of the fact that there is a trend in nursing education towards centralization, although the development has progressed slowly. The various types of centralized schools and lecture courses may be summarized as follows:

Type 1. Centralized Teaching or Lecture Courses: As an arrangement between schools in one centre, this policy overcomes the necessity of repetition and the demands made upon the lecturers and teachers. It also tends to keep up the quality of teaching to a more uniform and recognized level.

Type 2. "The preliminary teaching central to an area where there is a 'Centralized Teaching Programme'; the area may be in one city or two or more centres. The autonomy of the individual school would not be lost nor its organization or administration changed".

Type 3. "Central to a Province": where one or more university centres could be used for preliminary teaching. The policy would be similar to the one outlined in Type 2 except that it would be advisable to recruit students with an educational background sufficiently mature to permit adjustments". It has been suggested that university schools of nursing offering degree courses fill the function of this type of school.

Type 4. "A course which would be open to university graduates who would have the maturity to undertake a more intensive preliminary course and be enabled to enter the nursing service more rapidly"; this type of course might well be established as a wartime measure to accelerate the preparation of nurses, and also to make an appeal to college graduates.

Note: The interpretations are taken from the report of the Emergency Nursing Adviser, Registered Nurses Association of Ontario.

Type 1, Type 2 and Type 3 may be carried out as local developments or on a provincial basis but, to be satisfactorily initiated, Type 4 would have to receive at least national recognition in so far as reciprocal registration and other questions of wide implication would be involved. Therefore, it is recommended:

That a committee be apopinted by the Canadian Nurses Association to study Type 4 carefully, and to take steps to secure information regarding the financial support that might be available should the establishment of such a school be considered desirable.

That each provincial association be asked to give consideration to the possibility of co-operating in such a scheme through participation and the establishment of reciprocal registration privileges.

This recommendation was amended at the General Meeting by adding:

"That the Executive of the Canadian Nurses Association be empowered to act upon recommendations of the Committee appointed to make this study". At the General Meeting it was stated that the French-Canadian group is not opposed in principle to an experiment in centralized teaching where it is found necessary and recommends that a committee of the Canadian Nurses Association be appointed for further study of this question. If experience proves centralized teaching is beneficial the group may recommend it to the next biennial meeting.

Recommendation 5, *In-Service or Staff Education*: It is suggested that further study be given to the recommendation "that in-service education be extended and enriched". This may be done on provincial and more local basis in both hospitals and health organizations, as a means of (1) keeping members of the nursing staff informed of the rapidly changing conditions in hospitals and communities and of the need for constant and ready adjustments in meeting the present crisis, also of the special measures that it may be necessary to take in order to effect these; and (2) affording stimulation and interest for members of the graduate nursing staff including supervisors, head nurses and general duty nurses, a self-initiated programme to promote activity and growth; (3) preparing the young head nurse or supervisor more quickly for rapid promotions that are inevitable under the present conditions. It is suggested that the previous recommendation of a visiting instructor to strengthen such programmes and the clinical teaching programmes by assisting head nurses, is an experiment that has already been carried out in one centre very successfully. It is a popular idea in others. It is also suggested that the school adviser or other well qualified nurse within a province may well be relieved of more permanent duties to undertake this responsibility as the need arises.

Recommendation 6, *Preparation for Emergency Service of Married and Inactive Nurses, Subsidiary Workers and V.A.D.'s*: It is recommended:

That courses for married and inactive nurses be carried on as a continuous programme during wartime in order that interest and contacts may be sustained, and in preparation for an emergency. The outline of courses that is shortly to be released from the national office is based on this policy.

That whenever possible, assistance be given in inaugurating courses for nurses in rural areas and in hospitals not conducting schools. This assistance might take the form of course outlines for guidance, and the release from time to time of a member of a teaching staff or the school adviser to assist in the initiation of such courses.

That courses of lectures be followed by practical experience in wards of local hospitals.

That advice be sought from the Canadian Nurses Association as to the conditions under which approval should be given for married and inactive nurses to register or re-register or to serve without this status as an emergency measure. At the General Meeting it was resolved that "as the services of married and inactive nurses are urgently needed in hospitals and elsewhere, those nurses who have at some time been registered nurses and who undertake the available refresher courses be granted emergency registration status for the duration of the emergency if they give their service on a voluntary basis; and that those nurses who wish to serve for remuneration be required to secure provincial registration. It is further recommended that consideration be given to the possibility of a special examination to meet the needs of this group". It should be noted that it is important to have the emergency registration card very different from the other type and perhaps also to recall these when the emergency ceases to exist in order to prevent misuse.

That consideration be given to a request

that has been received for some study to be given by the Canadian Nurses Association to the possibility of obtaining exemption from income tax for married women who are assisting by giving nursing service in a national crisis.

Recommendation 7, *Status of the General Duty Nurse, Stabilization of Nursing Service, Problems of Shortage of Nurses and Relief Measures*: It was recommended that special study be given to the recommendations regarding the improvement of status for the general duty, or staff nurse, as of the utmost importance. Recognition of her services through adjustment of salary, hours of duty (96-hour fortnight, or at least one whole day off each week) assignment of duties, living conditions, are very essential. Already from one province has come a resolution that this nurse be known as the general *staff* nurse. At the General Meeting it was resolved that the term "general staff nurse" replace the term "general duty nurse".

Attention is directed to the report of the Joint Committee of the American Nurses Association and the National League of Nursing Education published in 1941, a summary of which appeared in *The Canadian Hospital Journal*. While not altogether applicable to Canadian conditions, many valuable suggestions are found in this publication. Special conference with the general duty group and private duty nurses through provincial organizations and local units, is definitely recommended. It is also suggested that an appeal, in the form of a personal letter, sent to each member through the provincial organizations might be helpful in stabilizing nursing service at this time and in meeting the shortage of nurses, by bringing to the attention of each nurse her personal responsibility in meeting the present crisis.

One possible remedy is seen in the employment of subsidiary workers in larger numbers and in the use of V.A.-D.'s. Further relief may be found in:

The simplification of procedures and other adjustments that must be faced as wartime measures.

A conservative use of the private duty nurse, when a luxury service, may well be considered. In some centres this suggestion has come from the private duty nurses, and could only be initiated through their co-operation.

The consideration of group nursing for patients needing special nursing service is also recommended.

Recommendation 8, *Co-operation with Medical Profession and Special Groups*: It is recommended that consideration be given to the importance of co-operation between all groups concerned with the care of the patient and community welfare; this includes members of boards of directors, the medical profession, nurses and others. For the purpose of keeping them informed and of enlisting their sympathy, it is recommended that, provincially and locally, conferences be arranged between local representative groups and recognized organizations.

Recommendation 9, *Publicity*: It is recommended that special attention be given to the question of appropriate publicity. It is recognized as a very important one. All provincial associations should participate actively in the long-term programme of publicity covering a period of six months, as submitted by Mr. W. A. Lawrence, Publicity Counsel, and already approved by the Executive Committee of the Canadian Nurses Association. The fact is stressed that in order to be effective, publicity through use of press, radio, speakers and other agents, must be consistently carried on. Representatives of many of the provinces are fully aware of the importance of this development and have capitalized upon opportunities, as is seen by the folder of clippings forwarded from the

various provinces. It is realized that these do not represent the total efforts that have been directed towards appropriate publicity, which have taken many and varied forms.

Government assistance has been promised through introductory letters, support of editorials, the radio broadcast known as "As a Matter of Fact", and possibly the preparation of a film. As Mr. Lawrence's contract has been accepted by the Executive Committee of the Canadian Nurses Association, it is recommended that these developments be undertaken through him. The objectives sought through such publicity may be summarized as:

The stimulation of interest in nursing as a national service of a permanent nature, in order that a sufficient number of desirable applicants may be available in approved schools of nursing: (a) to keep up present enrolment; (b) for some increase over present numbers.

To make known the need for specially qualified nurses to fill positions of responsibility, and the necessity for post-graduate courses.

To interpret nursing to the public (a) as an essential community service; (b) as a special opportunity for national service, and as a career; (c) in its many implications and expanding fields; (d) as a profession that has accepted many responsibilities in meeting public needs.

To interpret nursing education as a preparation for life and service.

To stress the responsibility of the public towards nursing service and nursing education for the purpose of obtaining interest, moral support and financial aid.

To recognize the value of the subsidiary and voluntary worker, and to define and evaluate her functions as related to those of the graduate nurse.

Recommendation 10, *Continued Activities*: It is recommended that the work of the provincial advisers be continued, and that every effort be made to study and interpret the work of the national and provincial advisers and its relationship to professional objectives. Through the provincial associations and provincial advisers, a continued effort should be made to bring to the attention of all members of the profession the problems arising out of the present crisis and the responsibility of individual members in meeting these, and in planning for the part that nurses must take in building towards the period of reconstruction and better world conditions that it is earnestly hoped will arise out of the present crisis.

Few, if any, nursing situations have been untouched by the present crisis, but in some centres the problems are being heroically met and truly challenge the courage and ingenuity of the most able administrators both in hospitals and public health fields. An understanding of *their* problems is very essential, and a greater understanding of the problems of the individual nurse is also very necessary — we must know one another. Furthermore, the value of publicity has been very definitely stressed, but the most valuable publicity that the profession can have is that which will result from a sympathetic and intelligent interpretation of nursing, and that for which it stands, by nurses themselves.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Editor's Note: The following report was presented by Mlle Suzanne Giroux who, as indicated in the report of the Emergency Nursing Adviser, was associated with her in the French-speaking hospitals:

Le rapport suivant porte sur le travail accompli de concours avec Mlle K. Ellis dans la province de Québec et concerne tout particulièrement les écoles de langue française. Dans ce compte-rendu vous trouverez des constatations, des suggestions qui sont données ici dans le but de servir de point de

repère pour un travail qui doit être continué par chaque directrice d'école et chef de groupe selon les directives qui leur seront données par l'Association, directives qui seront basées sur les besoins de chaque groupe.

Un questionnaire fut adressé à 26 écoles de la province et 17 visites furent faites aux directrictes des écoles les plus importantes ou les moins éloignées. Quatre conférences furent faites à différents groupes et il m'a été possible, grâce à un concours providentiel de circonstances, d'exposer la situation des infirmières du Québec à des personnes influentes directement ou indirectement en contact avec le monde hospitalier. Nous espérons que ces entretiens auront une heureuse répercussion.

Hôpital et école de nursing: Les écoles d'infirmières dans la province de Québec sont, sauf quelques exceptions, entièrement dirigées par des religieuses. Il s'en suit que les deux premiers problèmes de la page 1, paragraphe A, cités lors de la réunion du Conseil de l'Association des Gardes-Malades du Canada et des représentantes des universités, à savoir: manque de personnel dûment qualifié, institutrice, infirmière en chef, n'existe pas. Les problèmes concernant le personnel sont plus ou moins aigus selon l'élément stable du personnel (nombre plus ou moins considérable de religieuses employées dans l'hôpital); la localité; l'étude de la situation actuelle et sa compréhension.

En général, l'on s'accorde à dire que le 3ième problème, à savoir le manque d'infirmières graduées pour le service hospitalier et le service privé, se fait sentir. Que les inscriptions des élèves (mai 1942) ont diminué dans bien des écoles, Montréal, Québec, surtout la métropole semblent les endroits les plus touchés. Dans certains milieux, grâce à un personnel religieux nombreux, une sécurité existe vraiment; l'on n'a pas moins fait une étude sérieuse de ces problèmes, constatant qu'ils sont intimement liés à l'avenir de la garde-malade laique de cette province et que la majeure partie de la responsabilité de son avenir repose sur les centres de formation de ces futures graduées, les écoles d'infirmières.

Hygiène publique: Dans la province de Québec l'on déplore, comme dans les autres provinces, la pratique d'employer des infirmières non qualifiées (comme hygiénistes) dans les situations d'hygiène publique. Je dois dire à l'honneur de nos infirmières que le nombre d'infirmières qualifiées va toujours en augmentant et que les chiffres sont imposants.

Service privé: Nous devons reconnaître dans ce groupe, des infirmières très dévouées mais leur individualisme est leur plus grand ennemi. L'opportunité de réformes sérieuses ne se présentera peut-être jamais plus dans des circonstances aussi favorables qu'à l'heure actuelle. Il est à souhaiter qu'une collaboration plus étroite s'établisse entre ces membres.

Objectifs: Les objectifs cités dans la même conférence sont comme suit: maintenir et améliorer graduellement les qualités du service de nursing dans tous les domaines; maintenir un nombre suffisant d'infirmières qualifiées pour toutes les situations; protéger les standards professionnels contre l'emploi de toutes sortes de gens sans qualifications, dans la pratique du nursing. Ces objectifs ont rallié tous les suffrages. Les recommandations faites dans le but d'atteindre ces objectifs ont été bien accueillies. On les a trouvées raisonnables, équitables et déjà des projets sont faits pour les mettre à exécution.

Recommandations: A la page 2, intitulée "formation des élèves" nous constatons que dans le plus grand nombre de nos hôpitaux la journée de huit heures ou la quinzaine de 96 heures existe pour les élèves. Dans d'autres hôpitaux ces heures de travail s'appliquent soit au personnel gradué, soit au personnel de jour, soit à certaines époques de l'année. L'on constate dans certains hôpitaux que l'après-midi de congé commence tantôt à midi, tantôt 1 heure et à 2 heures. Si peu rationnel, si peu charitable que cela puisse paraître, avec le manque de personnel, je crois que la situation actuelle marque le moment où sans tarder l'on doit apporter les améliorations demandées pour le bien-être de l'élève. Si l'on en juge par les améliorations apportées dans le passé, un effort dans ce sens démontre bien souvent que nos craintes ne sont pas fondées. Souvent il suf-

fit d'essayer, de vouloir améliorer graduellement, pour réussir. Si petit que soit l'effort, il nous fait avancer.

La recommandation 2, paragraphe F, demande une étude approfondie. A l'heure actuelle, considérant le mode d'éducation dans la province le milieu où se fait le recrutement des élèves, le degré d'instruction des jeunes filles, une école centrale du type école normale semblerait la chose la plus pratique. Ce centre servirait à deux fins: (a) but principal: enseignement des sciences, religion, hygiène mentale, chimie, etc.; (b) but secondaire: compléter le cours scolaire pour les jeunes filles étant dans l'impossibilité de le faire soit à cause de l'âge, degré d'enseignement limité donné dans la région, etc. Cette école ne serait réalisable, si jugée nécessaire, qu'avec l'aide de subsides venant d'autres sources que celles des hôpitaux et des candidates.

Cours de perfectionnement: En arrivant dans une école, une institutrice ambulante donnait un cours à 33 religieuses réunies; au même endroit, 2 religieuses de la même maison, faisaient un cours de 2 ans dans une école supérieure. Je dois ici féliciter nos communautés religieuses du souci quelles prennent de la formation de leurs sujets. Je tiens à souligner que dans la région de Montréal, St-Hyacinthe, Sherbrooke, il n'y a pas un seul hôpital où chaque année des cours de perfectionnement ne soient donnés. A Québec, l'Université Laval se propose d'organiser un cours de perfectionnement à l'automne.

Je tiens à souligner le bienfait, pour nos religieuses de la province de Québec de l'Institut Marguerite Youville. Il est à souhaiter que le nombre des élèves aille en augmentant d'année en année et qu'une étroite collaboration s'établisse entre laiques et religieuses pour le bien et l'aide que l'un et l'autre groupe peuvent s'apporter mutuellement. Nous avons demandé à chaque directrice de s'efforcer d'envoyer une élève laique à nos écoles supérieures pour gardes-malades. Nos écoles supérieures ne sont pas assez connues; une plus grande publicité, plus à la portée des élèves, aiderait au recrutement.

Publicité: En plus de la publicité officielle faite par l'Association des Gardes-Malades du Canada, articles spéciaux préparés par un publiciste pour nos quotidiens, brochure que vous connaissez: "Voulez-vous devenir infirmière?" et un dépliant en images, illustrant la vie d'une garde-malade, nous devons remercier Mlle Geneviève de la Tour Fondue qui publie dans les "Relations' de ce mois un article sur la profession, Mme Jules Fournier, qui parlera des infirmières aux lectrices de "la Revue Populaire", Mlles T. Desjardins et Georgine Badeaux qui, grâce à l'obligeance de M. R. Guenette qui leur a donné une place dans la revue officielle "L'Ecole canadienne" ont écrit l'une, un article sur l'orientation des jeunes filles vers la profession d'infirmière, l'autre un parallèle entre l'étroite collaboration devant exister entre l'institutrice et l'infirmière. Le journal "La Patrie" dans son édition du dimanche a publié une série d'articles concernant l'infirmière. Les fêtes de l'Hôtel-Dieu sont de nature à attirer l'attention du public sur notre profession.

Il serait à souhaiter que chaque directrice d'école d'infirmières visite le principal ou la directrice du pensionnat ou de l'école de sa paroisse, qu'elle fasse connaitre les besoins de la profession, le rôle joué par les hôpitaux et les infirmières dans la société. Ces mêmes visites devraient être faites aux curés et aux directeurs d'oeuvres afin qu'ils soient plus étroitement liés et plus intéressés aux écoles d'infirmières. En un mot, il faut faire, nous même, l'éducation d'un public indifférent que nous avons négligé d'instruire et qui nous prend pour acquis.

Constatations et réflexions: La chose la plus importante pour nos infirmières de langue française semble être de travailler à l'avancement de l'instruction des jeunes filles de nos écoles particulièrement écoles de campagnes et de nos infirmières laiques graduées. Nos religieuses hospitalières formant un groupe très influent, je crois qu'il est de leur devoir d'exercer une pression auprès des autorités religieuses et civiles pour qu'une étude des problèmes des infirmières en rapport avec l'instruction des jeunes filles soit faite sans retard.

Pour nos infirmières graduées laiques, les conditions économiques ne permettent qu'à un petit nombre de faire des études supé-

rieures sans l'aide de bourses d'études. Il est à souhaiter que chaque école d'infirmières fasse bénéficier ses diplômes d'une bourse d'études.

Conclusion: Après avoir pris contact avec un grand nombre d'infirmières, d'avoir échangé des points de vue avec les chefs de notre profession, nous constatons la nécessité d'un comité permanent des problèmes du nursing; il serait chargé de l'inventaire de nos ressources, des besoins du public, de la publicité. Une autorité plus compétente que la mienne devra juger si cette suggestion répond à un besoin réel, si elle est pratique.

En concluant ce compte rendu, permettez-moi d'exprimer le souhait que chaque infirmière fasse sa part pour l'avancement de la profession. La force d'une association est constituée par la force de ses membres, c'est une vérité qu'il ne faut pas oublier. J'adresse mes remerciements les plus sincères à tous ceux et celles qui ont voulu m'aider dans ce travail, particulièrement à Mlle Fairley, notre présidente, qui a suivi avec intérêt ce travail, à Mlle Ellis qui m'a guidée par ses bons conseils et à Mlle Upton, collaboratrice de toutes les heures.

Editor's Note: A lively discussion followed the presentation of the report and recommendations submitted by the Emergency Nursing Adviser. This was ably summarized by Miss Mary S. Mathewson as follows:

There appears to be general agreement that at least a whole day might have been allotted for discussion of the important and comprehensive report submitted by the Emergency Nursing Adviser. The importance of continuing and extending her work was stressed by all provinces. Certain recommendations were apparently so generally approved that there was no discussion, namely: the importance of improving the status of the general staff nurse; the need for the improvement of conditions affecting the welfare of student nurses and graduates; the value of simplifying of routines and procedures; the importance of close co-operation of all groups concerned with community welfare. The others can be grouped under such broad headings as better preparation for nurses; conservation of nurse power; recruitment and publicity; financial aid.

Better Preparation for Nurses: The Head Nurse Institute appeared to be generally approved in view of the great need to find means to help institutions with problems of instruction. Miss Gertrude Hall reported an experiment which would seem to offer a solution for some centres, namely, a co-operative plan for employing a travelling instructor. Attention was drawn to the fact that already the over-burdened school visitor or adviser cannot be expected to take over this additional responsibility. Encouragement of carefully selected nurses to undertake postgraduate courses was urged. The great need for truly graduate courses in the clinical specialties was stressed. Ontario plans to meet this specific need by offering a four-months course so planned that credit can later be applied toward completion of the certificate course. The need for short courses and refresher courses was felt by all sections. Emphasis was placed on the importance of reaching the nurses who, by virtue of their personal and professional qualifications, should be encouraged to take advantage of scholarships and loans. Superintendents of nurses and of public health nursing organizations were urged to make an early selection of suitable senior students as well as staff nurses who could then be prepared by varied experience, if necessary to make the best use of available financial aid.

Financial Aid: The urgent need for securing funds from Federal and other sources was pointed out. In view of the official appeal of the Association to the

Federal Government, members were urged to discuss with the Emergency Nursing Adviser or to seek the advice of the Executive Committee of the Canadian Nurses Association before making any projected appeal for funds, in order to avoid confusing the primary issue. Provincial representatives reported the following encouraging facts:

In British Columbia nursing is now included in fields eligible for financial help from the Department of Education under Dominion-Provincial agreement. In Alberta, six scholarships have been provided by the I.O.D.E. for accepted student nurses. In Ontario, the Permanent Educational Loan Fund, raised by levy on members, has provided 37 loans since its establishment, and in addition Alumnae Associations are also granting extra scholarships. In Manitoba, funds from the Ministry of Education have been granted for scholarships for student nurses. It was also reported with gratitude that grants had been made to certain University Schools of Nursing by the W. K. Kellogg Foundation.

Conservation of Nursing Resources: In this connection the shortage of qualified teaching personnel was considered to be critical. To clear up some misunderstanding regarding the recommendation relating to centralization of teaching, it was pointed out that in a centralized pre-clinical teaching plan, with the basic policy of safeguarding the autonomy of the individual schools, several schools could share in the use of the best available instructors and facilities, and so strengthen the preliminary teaching of the schools co-operating in the plan.

Other points under discussion were means of bringing married nurses back into service, programmes for bringing them up-to-date, and the suggestion that emergency registration status should be considered for those who give service on a voluntary basis. Considerable time was devoted to a discussion of the use of subsidiary workers, and the points brought out were the importance of the instruction and supervision provided in the individual hospitals to ensure the ability of these workers to carry out the duties assigned to them; the advantage of planning for a permanent subsidiary staff which would prevent large numbers of this group being turned out into the community as a source of future complications when the emergency is over. The suggestion was made that, in some instances, the larger centres might assume responsibility for preparing workers for small communities.

Recruitment and Publicity: Discussion on these topics was so closely related that they may be dealt with together. In all parts of Canada some progress was reported in making contacts with high school and college girls with a view to interesting them in nursing as a career. Many suggestions for publicity were offered in the stimulating report presented by Miss Marjorie Jenkins of Nova Scotia. Perhaps because of their nearness to the actual menace of war, the provinces of the East and West Coasts appear to have grasped the urgency of the situation and the reports of their campaign had many suggestions to offer such as the use of the Rededication Service to aid in bringing back the confidence of the public in the spirit of nursing service, emphasis on nursing as a national service, and the responsibility of the public for supporting the service, were key notes. Miss Smellie urged every member to use her personal influence to bear where it would do most good. Ontario reported the establishment of a speakers' bureau composed of carefully selected and well-informed nurses who are kept up-to-date by information kits sent out from the central committee.

Safeguards to Nursing—Present and Future

MARION LINDEBURGH

Report of the Committee on Nursing Education of the Canadian Nurses Association

Today our thinking and our efforts are directed towards ways and means, whereby we as an Association, and as individuals can contribute most to a war time nursing service. The quality of service which nurses in Canada are able to give is directly dependent upon their preparation and qualifications. Therefore it is of primary importance that we focus our attention at this time, as at any other time, upon matters relating to nursing education by which the quality of nursing may be preserved, and through which we may enlarge the scope of our professional service. It is with this fact in mind that this session dealing with educational problems is appropriately entitled "Safeguards to Nursing".

The following report covers the biennium period 1940-42 and it might be of value to review briefly the history and organization of the Committee on Nursing Education. This National Committee replaced the Curriculum Committee of the Nursing Education Section in 1938, through the acceptance of the following resolution:

Whereas the work of compiling the Proposed Curriculum for Schools of Nursing in Canada has been a national project, and whereas the personnel of the Curriculum Committee has been composed of members of the National Sections of the Canadian Nurses Association, therefore be it resolved that the Curriculum Committee of the Nursing Education Section become a national Committee on Education of the Canadian Nurses Association and that the subcommittee of the Curriculum Committee, known as the Committee on Records, continue to function as a subcommittee of the national Committee on Education.

In order to clarify and differentiate between the objectives of the Nursing Education Section (later to be known as the Hospital and School of Nursing Section) and the national Committee on Nursing Education, the following objectives were defined:

1. To stimulate interest and secure the co-operation of all members of the Canadian Nurses Association, through the three national Sections, in promoting sound standards of undergraduate and postgraduate nursing education in Canada.
2. To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields.
3. To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

In 1940, a resolution was passed to the effect that the name "Nursing Education" be applied only to the national Committee on Education, and which should be renamed "the Committee on Nursing Education", under which name it now functions. It became a Standing Committee and its convener a member of the Executive Committee.

The personnel of this national Committee is so appointed that representation of all nursing groups is secured, the central Committee consisting of members of the three national Sections, the conveners of sub-committees, the

French vice-president of the Association of Registered Nurses of the Province of Quebec, — a vice-convener, and the President of the Canadian Nurses Association, an ex officio member. The Executive Secretary of the Canadian Nurses Association acts as secretary.

Provincial Committees are composed of the provincial Presidents, the three Conveners of Provincial Sections, and School of Nursing Advisers. Provision is made for enlarging the personnel of the Committee, should need arise, by the appointment of either temporary or permanent additional members. Provision is also made for clerical help in the undertaking of extensive projects which would necessitate such assistance.

During the biennium, the Committee on Nursing Education has been assigned several important tasks which have called for considerable study and organization. These projects were as follows:

School of Nursing Records—The Proposed Curriculum was accepted by the Canadian Nurses Association in 1936, and was made ready for distribution. It was recommended that the Curriculum Committee should continue its work and undertake as soon as possible the preparation of a set of records which would be acceptable for use in schools of nursing throughout Canada. It was recognized that it would be a major undertaking, and it was decided that a sub-committee should be appointed to deal with this important project. The following resolution was passed:—

That the sub-committee be empowered to proceed with the formulation of record forms, and that the policy of the National Association be the preparation and publication of record forms as recommended by the sub-Committee on Records, and that this be financed by the Canadian Nurses Association.

The Committee began its work under the convenership of Miss Gertrude Bennett, and Miss Ruth Thompson succeeded Miss Bennett in 1940. Miss Vera Graham of Montreal, and Miss Beatrice Ellis of Toronto are acting as collaborators with Miss Thompson. Miss Maisie Miller at National Office is secretary. A representative of each province has been appointed to collect and evaluate materials, and to cooperate in whatever way desired with the central committee.

The extensive study of existing records which must necessarily be undertaken before beginning the compilation of more suitable types, and the detail involved in the construction of new ones, represents a very arduous task, and it is hoped that provincial groups and schools of nursing will co-operate fully by meeting whatever requests may be made. Some impatience has been voiced in regard to delay in the completion of this work, but such an enterprise must be thorough, and because of the amount of detail involved, it is a time-consuming undertaking.

Uniformity in Examinations for Registration of Nurses—This study was launched through the passing of the following resolution by the Executive Committee of the Canadian Nurses Association in October 1941:

That in support of the recommendation received from the Board of Directors of the Association of Registered Nurses of the Province of Quebec, concerning a plan to standardize examinations for provincial registration of nurses, be it resolved that the study of examinations for registration of nurses by the Committee on Instruction (Hospital and School of Nursing Section) be directed by the Committee on Nursing Education of the Canadian Nurses Association.

It was decided that the Committee on Instruction, under the convenership of

Miss Miriam Gibson, should undertake the study to secure information as to conditions and practices relating to R. N. examinations in all provinces, and to make recommendations to the Committee on Nursing Education which will then assume responsibility for the formulation of policies and standards to be submitted to the Canadian Nurses Association for approval.

The need for such a study has been long felt. The report of the Survey of Nursing Education exposed twelve years ago the many weaknesses of our registration examination system. Doctor Weir referred to it as an "open sieve" method by which nurses were being admitted into the nursing profession. It is of vital importance to us all that the registration examinations as conducted in the nine provinces should be improved in many respects from the point of view of content and method, to conform to modern educational practice. The ultimate objective is that there shall be a uniform system approved and adopted by all Provincial Associations.

Post-graduate Clinical Experience—The following resolution was considered and approved by the Executive Committee of the Canadian Nurses Association in June 1941:

That the Canadian Nurses Association consider the question of evaluating hospital postgraduate courses, with the view of setting up criteria against which these courses can be measured.

The resolution was referred to the Committee on Nursing Education, and the Hospital and School of Nursing Section for action. Such a study is indeed timely. The increasing emphasis which is being placed upon the need for postgraduate study and advanced clinical experience in the preparation of head nurses and supervisors, demands that serious consideration should be given to the scope and quality of educational and clinical facilities available for such advanced preparation. Standards must be set up and agreed upon. The objectives, then, for this project are as follows:

To formulate tentative standards for postgraduate clinical experience.

To determine the types and quality of existing postgraduate clinical courses, and to suggest adjustments when necessary.

To encourage hospitals possessing adequate clinical resources to consider the organization of selected clinical departments for postgraduate experience.

The Joint Conveners are grateful to school of nursing advisers and superintendents of nurses for their assistance. After a process of inquiry and study, tentative standards for postgraduate clinical experience have been prepared and are now ready for consideration by the provincial associations.

Modernizing the Manual on Home Nursing—The following resolution was passed two years ago:

Whereas many of the members have been teaching home nursing classes from the 1932 revised text book of the St. John Ambulance Association, and whereas there is a keen interest in having the facts of nursing accurately presented to the public, therefore be it resolved that the Canadian Nurses Association make representation to the St. John Ambulance Association urging that a committee of nurse educators be asked to assist in the revision of the entire text.

The St. John Ambulance Association welcomed the suggestion and the task was assigned to the Committee on Nursing Education. Miss Rae Chittick was appointed convener, with Miss J. Connal as collaborator and the conveners of the three national Sections were appointed to assist. The undertaking has not been an easy one; in fact the revision of such a text is a more difficult task in many respects than the

writing of a completely new edition. Every effort has been made to bring the text up-to-date and at the same time keep the contents within the limits of home nursing measures.

Additional Teaching Material for First Aid Instruction—While the First Aid Manual of the St. John Ambulance Association is used for the teaching of students and graduate nurses, the Canadian Nurses Association felt that additional information would be helpful in regard to various aspects of first aid instruction. Miss Margaret Kerr accepted the convenership of a Committee appointed to undertake this work. The convener prepared the material and conveners of the three national Sections reviewed it. Copies have been sent to all provincial Associations for their comment.

The Proposed Curriculum and its Supplement—Possibly the project with which nurses in Canada are most familiar is the Proposed Curriculum for Schools of Nursing, and its Supplement entitled; "The Improvement of Nursing Education in the Clinical Field." This accomplishment is one to which many experienced nurses in all fields have given their thought and effort.

When the Proposed Curriculum was accepted in tentative form by the Canadian Nurses Association in 1936, the Committee realized that it lacked something in the discussion of clinical experience as the most important aspect of the student nurse's preparation. The Supplement was, therefore, undertaken. These two documents in their present form have been widely distributed in schools of nursing throughout the Dominion. It is hoped that they are being used critically and experimentally. In the light of changing conditions and new emphases, many modifications should be made in their contents. The Committee had planned to make a start on the revision during the past biennium. The books need to be thoroughly reviewed, brought up to date, correlated and made available in one volume, but owing to the war and its repercussions affecting the administration of schools of nursing and nursing needs it has been deemed advisable to postpone this work.

While problems of nursing service are most pressing at the present time, we must continue to direct our attention to educational standards which are fundamental to nursing service and to the status of nursing. The shortage of classroom teachers and qualified head nurses and clinical supervisors at this time has created a serious problem in schools of nursing, therefore careful consideration should be given to administrative adjustments in the teaching programme whereby time and energy of both teachers and students can be conserved, and at the same time maintain the quality of classroom and clinical instruction. Two speakers have been chosen to discuss the possible adjustments. Miss Norena Mackenzie will deal with the administrative problem, and Miss Jean Wilson will discuss the supplement as a guide to more effective clinical teaching and supervision.

The acid test of any professional school is the type of person who is a product of its programme and its environment. An evaluation of the nurse in the general practice of nursing should serve as a means of determining strength and weaknesses in the undergraduate course. Miss Madalene Baker, chairman of the General Nursing Section, (C.N.A.) will describe the qualities and abilities of the good nurse and indicate to what extent the undergraduate course serves as a preparation for the general practice of nursing.

In concluding I should like to express

my thanks and sincere appreciation to provincial Executives, to provincial Sections, and all those who have so ably supported the activities of the Committee on Nursing Education during the long period of my convenership. It has been a great privilege to have worked closely with so many members of our association. The inspiration and sense of accomplishment which result from the work of committees are among the intangible factors which make convenership a most profitable and pleasant experience.

Note: The various activities outlined in this report of the Convener, Committee on Nursing Education, will be published under specific headings as presented to the General Meeting by the Conveners who were responsible for the projects undertaken during the past biennium.

School of Nursing Records

RUTH THOMPSON

The task of the Sub-committee on Records is to develop a tentative group of School of Nursing Record Forms to be presented for approval to the Canadian Nurses Association. It is hoped that the Schools of Nursing in Canada will use this material, criticising its weak points and suggesting improvements, so that eventually a group of standard forms may be built up. In developing these records, we must select forms and material suitable for use in any school throughout Canada. This committee is fully aware of the many requests that records be simple and easily kept; however, they must also be adequate both as permanent records and for administrative purposes. It is also proposed that routine record keeping should be so arranged that it may be done by clerical workers, thus relieving the nursing personnel of much time-consuming office work.

The problem confronting us is to determine what material we need, how much material we need, and how to record it to the best advantage. A study of the forms in use indicates that we are not certain what data is necessary and in order to prevent omission of necessary material, we include much that is not essential. As an example, may we cite the recording of experience in medical nursing: some schools record medical nursing, day and night; some record medical nursing, men and women; and a third group record medical nursing, day and night, and men and women. Another problem is to determine what constitutes a satisfactory group of records for nursing schools, and to suggest a title for each. Uniformity of titles and terms is most essential. At the present time the same record may be called by as many as six different titles, and entirely different records by the same name. Therefore, it is not surprising that confusion and misunderstanding arises. In deciding how to record data, a form convenient for use and filing must be selected. In this respect a size 8½″ x 11″ is suggested since this conforms to regulation business paper and is convenient for

filing in standard cabinets. Loose leaf forms would appear to be more readily handled and filed than record books.

The following plan of the procedure used by the committee will convince you that it guarantees participation by all, and should assure us standard forms answering all our needs. Each Province has appointed a provincial representative who in turn has a committee or a group of schools with whom she consults. The first step was the collection of samples of all records used in the nursing schools of Canada. As these were received, they were grouped, studied, and a composite form developed using the best of all available material. This composite record form will be returned to the provincial representatives for further analysis and study. After final revision, the completed record will be ready for distribution, and a trial period of use. Further criticisms and corrections can then be made before adoption as a standard form. The many excellent suggestions and ideas received have been of inestimable value, but further assistance and co-operation is still necessary. This committee is pleased to report that the admission file is nearing completion and will be ready for distribution by fall.

As suggested previously, one of the problems is to determine what constitutes a complete set of nursing records. A suggested category of records was sent out according to routine for advice and criticism and the following suggested list of records is presented for approval. All terms used and forms suggested are for your evaluation.

Admission File: It is suggested that the following forms might be included in this file:

Instruction concerning application for admission and the School Calendar. Since this is individual for each school, the committee does not suggest a standard form.

Application form: a standard form is to be developed.

Pre-entrance medical certificate: a standard form is to be developed.

Pre-entrance dental certificate: a standard form is to be developed.

Personality and aptitude rating: this rating is very desirable but probably a form is not feasible at the present time.

Personal interview: suggested material may be outlined.

References: standard forms will be developed for references from general and high school principals.

Form for General Education is to include an official transcript of academic education.

It is suggested that each Province might plan an educational form suitable for their own use.

Birth certificate.

Copy of acceptance letter and instructions. (individual for each School).

Accomplishments of student: The following forms might be included under this file:

Classroom attendance and instruction.
Nursing procedure form.
Outline for guidance in nursing studies.
Clinical experience record.
Monthly record of clinical experience.
Proficiency record.

Health record file: This file would include all health record forms.

Permanent file: This file would constitute a permanent record to contain a summary of all temporary forms. The permanent record envelope should afford space for a record of post-graduate work.

The work of this committee has just started. Before we can achieve our objective, much careful painstaking work has yet to be done. Considerable material must be forwarded to you for revision and criticism. On your suggestions and efforts the success of this work depends.

Uniformity in Examinations for Registration

MIRIAM GIBSON

I have the honor and the pleasure to present the report of the study on Registration Examinations for nurses in Canada, conducted by the Committee on Instruction of the Hospital and School of Nursing Section, of the C.N.A., at the request of the Canadian Nurses Association. The aim and purpose of this study is to secure uniformity in examinations for nurse registration. In order to accomplish this uniformity it has been necessary to determine wherein lie the variations and to seek for suggestions and opinions which need to be given consideration.

A set of examination papers was first obtained from each of the provinces. An outline of the study was then prepared and, together with a complete set of the papers, was forwarded to each of the provincial committees for their consideration. In order to learn something about administrative aspects of the examinations, questionnaires were sent to the Provincial Registrars from whom there have been excellent responses. The information thus obtained has been summarized and forwarded to the provincial registrars and committees on instruction for further consideration. The findings of the committees, which show considerable variation in a number of points, are on file in detail for the use of the Committee on Nurse Education. There was much to be learned from each province.

This report is planned to present the essential facts from the results of the study to date and, as will be seen, gives food for thought. In considering the questionnaire which was sent to the provincial registrars, the questions which were included will be mentioned and the answer will be given briefly. The questionnaire was arranged under seven headings and put the following questions regarding the Council of Nurse Education or Board of Examiners:

By whom are they appointed?

To whom are they responsible?

What is their term of office?

Does the Council include doctors?

Are there educationalists on the Council?

Does the Council consist entirely of nurses?

State any other professions represented on the Council.

The answers indicated that dietitians, professors of sciences and members of the teaching profession were among those appointed to the Council. The number of doctors varied from none to seven. One question enquired whether the nurse members of the Council are instructors or teaching supervisors in the examination subjects. The answers varied from "none" to "the majority".

An analysis of the qualifications of Boards of Examiners may be summarized as follows:

Nurses:

Instructors of nurses	from 0-5; total 20
Supervisors	from 0-2; total 13
Superintendents of Nurses	from 1-5; total 16
Assistant superintendents	from 0-1; total 2
University directors ..	from 0-3; total 3
Provincial directors or registrars	from 0-1; total 2
Members of Registered Nurses Associations ..	from 0-3; total 3

Doctors:

Members of Medical Association; University professors; Minister of

Department of Health;
directors, etc. ..... from 0-7; total 24
Dietitians: ..... from 0-1; total 4
Educationalists: ..... from 0-1; total 1
Total 88

Seven Provinces stated that a minimum curriculum was in use; two Provinces reported the use of The Proposed Curriculum for Schools of Nursing in Canada.

The Provinces were requested to outline their requirements regarding candidates for examination and were asked whether distinctive application forms were available for student nurses and for graduate nurses. The following question was also put: "In the event that a candidate does not sit for examination at the time for which application is filed, is a second recommendation required of the Superintendent of Nurses for writing at a later date?" The answers included: yes; no; not compulsory; depends on circumstances.

Under the general heading of examinations, the following questions were put:

Are examinations held once or twice yearly?

In what months are they held?

What is the examination fee?

The answers showed that the majority are held twice yearly; in one Province they are held once yearly. The majority are held in the spring and autumn; one Province holds them in July. The examination fee ranges from $4 to $16; the majority about $10.

The number of papers written varies from six to nine, and the number of hours of writing varies from nine to twenty-one. The papers are set by nurses, doctors and dietitians. In eight Provinces papers are set by individual examiners; in one Province each paper is set by two nurses. In most Provinces the papers are not marked in committee but in two Provinces the committee meets to discuss the papers and analyse failures.

The following questions were asked regarding standards of marking:

Is marking on 100 per cent basis?

State passmark. (Answers—50 and 60 per cent.)

What is the method of marking—to pass or up to 100 per cent?

Is there an average to be maintained in the number of papers marked daily?

Are the results treated statistically?

In eight Provinces the results of examinations are made public and are published in alphabetical order; in one Province results are not made public. In eight Provinces the results are forwarded to the schools of nursing; in one Province they are sent only on request. In the majority of the Provinces a report of comments made by the Committee of Examiners is forwarded to each School following the examinations.

In case of failure, the number of supplemental examinations permitted out of the total varies from two to "no set limit". In most Provinces the candidate may apply for a re-reading of a paper; in three Provinces, she may not do so; in one Province, the paper is re-read before the announcement of failure is made. The fee for re-reading varies from $5 to "none at all". The number of supplementals which may be taken in any one subject varies from one to "no limit". In some Provinces there are no regulations to which candidates for supplemental examinations must conform. One Province states that: "after two failures in one subject the candidate must give evidence of instruction by an approved tutor and also of additional practical experience if the failure is in obstetrics, paediatrics or dietetics."

Presiding officers for examinations include registered nurses and university or high school officials. In most cases

they receive remuneration ranging from $4. per day to $2.50 for a three-hour session. In most cases examiners are not given leave of absence from their hospital positions but do receive their salaries from the hospital during the marking period. The examiners receive remuneration in all Provinces except one. The rate varies from twelve and a half cents to fifty cents for each paper marked. One Province pays $3.50 for the setting of a paper and one Province pays $2.50 to each examiner for attending each meeting of the Committee of Examiners.

The examinations themselves have been studied under eight main topics and the comments from seven provinces have been summarized under each of these topics:

What types of questions are advisable? The general opinion seems to be that the essay and objective type questions should be employed. It is suggested that the objective type questions should receive the emphasis in some subjects, for example, anatomy and physiology, bacteriology, materia medica, etc. and that tabulated answers be required in the essay type questions.

Is the contained material of practical value to the nurse? Many papers showed good selection of subject matter. However it was felt that in some cases the material was not of practical value nor was it always suitable for registration examinations.

What subjects should be covered in a registration examination? The following table lists the 16 subjects covered at present in one or more of the Provinces:

Subject	*Number of Provinces*
Anatomy and physiology	9
Bacteriology	4
Communicable diseases	5
Dietetics or nutrition	8
Gynaecology	6
Health education	1
Hygiene and sanitation	4
Materia Medica	7
Medical nursing	9
Nursing technique or principles and practices	4
Obstetrics or obstetrical nursing	9
Paediatrics or paediatric nursing	9
Professional problems	1
Public Health	1
Surgical nursing (One Province includes orthopaedic and one includes operating room technique)	8
Urological nursing (male nurses)	1

In response to a suggestion discussed in seven Provinces that the number of subjects should be increased from 16 to 26, the following response was made:

Subject	*Number of Provinces*
Anatomy and physiology	7
Bacteriology	5
Communicable diseases	5
Community health	2
Dietetics and nutrition	7
First aid and emergencies	2
Gynaecology	7
Health education	4
Hygiene and sanitation	4
Immunology	1
Infant feeding	2
Materia medica and pharmacology	7
Medical nursing	7
Mental hygiene	1
Nursing technique	7
Obstetrical nursing	7
Ophthalmology and oto-laryngology	3
Orthopaedic surgery	2
Paediatric nursing	7
Professional problems and ethics	3
Psychology or psychiatry	2
Public health	2
Surgical nursing	7
Tuberculosis nursing	1

Urological nursing 3
Venereal disease nursing 2

Six provinces approved of a representative and qualified committee preparing and marking each paper, and it is preferred that the marking be done in committee. It is suggested that the entire committee may not be required for the marking of papers if the answers have been submitted and approved of beforehand. It was unanimously recommended that the names of the examiners should not appear on the papers and it was suggested that the date of examination, allotment of time, and values of the questions should all appear on the papers.

Some form of examination or rating of practical work during the senior year is approved by seven Provinces. Three Provinces feel that this examination should be part of the R.N. examinations. The other Provinces prefer that it should be held in the "home school" and not as a part of the R.N. examinations.

The majority of the Provinces agree that the results of the R.N. examinations should be forwarded in detail to the "home school". It is suggested that each candidate receive her marks and that the "home school" be also notified before the results are published.

Four out of the seven Provinces think that it would be helpful to prepare graphs which would indicate the scores of individual candidates in each subject plotted opposite a letter representing each school. Some Provinces questioned the necessity for such graphs on account of the expense involved. One Province suggested that the relative standing of the candidate with regard to others taking the same examination should be sent to the "home school".

In closing, I quote from a letter received from one of the Provinces as it expresses so well the interest that has been shown by all:

> Throughout our Province the nurses who have made up the smaller committees for study have been most co-operative and enthusiastic, and I feel that we have all derived a keener insight into the problem of improving our Registered Nurses Examinations.

Postgraduate Clinical Experience

M. Blanche Anderson

While there has been a need in Canada for postgraduate courses for nurses in clinical specialties, established on a sound educational basis, it was not until the war made rapid and devastating depletion of experienced staff that action on the part of the Canadian Nurses Association seemed necessary. Courses had been available in the United States.

In June 1941 the Execuive Committee of the Canadian Nurses Association appointed the convener of the Committee on Nursing Education and the chairman, Hospital and School of Nursing Section, with their respective committees, to make a study of postgraduate courses. Objectives were determined and tentative standards for postgraduate clinical courses set up. A general statement as a foreword to these standards stated the need for specially prepared nurses in the clinical services, analyzed present courses offered (which according to statements received from representatives of the provinces are largely additional experience courses) and empha-

sized that it is an advanced type of postgraduate work, organized on an educational basis, which is under consideration.

The tentative standards were comprehensive and dealt with all aspects of postgraduate courses: the purpose; the various clinical services; co-ordination of hospital and university courses; the medical staff; the nursing staff; the need for specially prepared supervisors; the hospital nursing service; the eligibility of the applicant; tuition fees; maintenance; length of course; plan of course; lectures and lecturers; evaluating the student and her work; record of achievement; certification; the need of standards.

A simple questionnaire was then prepared and ,together with the foreword and tentative standards, was given wide distribution to schools of nursing now giving postgraduate courses or likely to have satisfactory clinical experience for this purpose. Lists were obtained from the registrar, or inspector of training schools, of each province. The questionnaire was in two parts:

Part I. What post-graduate courses do you offer in your hospital? According to tentative standards what do you consider: their strong points? their weak points?

Do you consider it possible to improve the quality of these existing courses and by what means?

Part II. Are there other clinical departments in your hospital which possess sufficient clinical resources for postgraduate experience?

If so, is there a possibility of providing the necessary educational facilities and qualified supervisor or supervisors to establish a postgraduate course?

This report will not deal with the detailed statistics of the replies received but will attempt to give a general analysis. Only one reply stated that the course now being given is considered entirely adequate. In general, inadequacies were not thought to be in clinical resources but rather in a lack of sufficient nursing personnel and/or desirable preparation of the staff for teaching and supervision. In almost all cases postgraduate students were considered as part of the nursing service of the hospital to an extent which definitely interfered with the working out of a satisfactory educational programme.

Replies also indicated that in the past applicants for postgraduate courses were usually nurses who wished to obtain experience lacking in their undergraduate training, therefore the courses established were on the same level as the courses for pupil nurses and were frequently taken with pupil nurses.

Clinical resources sufficient to establish new courses were reported from a number of hospitals but in each case it was added that additional staff would be necessary in order to develop such resources and such additional staff nurse material did not appear to be available. The possibility of using educational facilities outside the hospital was suggested. (Universities, normal schools and other advanced educational institutions.)

It is amply evident that superintendents or direcors of schools of nursing are aware of the weaknesses of present postgraduate courses but believe that more adequately staffed wards and more and better prepared head nurses, supervisors and teachers are essential before satisfacory postgraduate courses can be offered to nurses who wish to prepare themselves for head nurse and supervisory positions.

It is recommended that these tentative standards, set up by the Joint Committee on Nursing Education and the Hospital and School of Nursing Section of the Canadian Nurses Association, be sent to each Provincial Association in order that further suggestions be offered before they are presented to the C.N.A. for approval.

Modernizing the Manual on Home Nursing

RAE CHITTICK

The work of revising the St. John Ambulance Home Nursing Manual was begun in October 1941 by Miss J. M. Connal, instructor in the Calgary General Hospital, and myself. We found the undertaking somewhat difficult. The general set-up of the book, the character of the writing, the illustrations, as well as a good deal of the content did not meet Canadian standards or seem suitable for home nursing classes in Canada. Our plan was to eliminate expressions and terms not commonly used in Canada, to correct those sections which did not seem to meet with commonly accepted practices in this country, and to rewrite entirely those sections which seemed out of date.

The material was reviewed by conveners of the three national Sections, whose suggestions were very helpful. The chapter on care of children was rewritten by a specialist in this field of paediatric nursing. It was suggested that the St. John Ambulance Association choose a well-established publishing house in order that skilled work be done on the editing, since chapter headings, glossary, index and other parts of the book would need considerable revision.

Teaching Material for First Aid Instruction

MARGARET KERR

Why should the Canadian Nurses Association go to the expense of printing or mimeographing material to supplement the St. John Ambulance Association text-book in First Aid? There are several hand-books published by reputable organizations which are available if additional material is needed. They come at various prices and while many contain practically the same material as the recognized text, there are some which have new ideas, new treatments, new ways of doing the old things.

To see the whole problem in its true perspective, let us go back to the session of the Canadian Nurses Association convention in Calgary in 1940 when the topic was first discussed. Canada had been at war for ten months and the Canadian Nurses Association was girding itself to participate in every way possible to meet the obligations which would be placed upon it. One point which came up for consideration was that while thousands of lay men and women were qualified as "first aiders", relatively few members of our association had secured even their first certificate in first aid. Measured against the layman's ability to handle emergent situations wherever they might occur, it was agreed that the average nurse's

professional background did not fit her with the skills necessary to compete smoothly and easily with a well-trained layman. For that reason, a resolution was approved by the Convention urging every school of nursing in Canada to include the examination for the first aid certificate of the St. John Ambulance Association as a part of the preparation of the student nurse. Graduate nurses were urged to attend classes and become qualified. Special arrangements were made through the St. John Ambulance Association to the end that any registered nurse might qualify in a period of eight months to take the examination for an instructor's certificate in first aid.

One of the most important points that was raised in connection with nurses becoming qualified first-aiders centred around the apparent inadequacies of the text-book. It was agreed that nurses had a background superior to that of the average layman and were capable of appreciating many points in the care and handling of persons who had been injured which were beyond the grasp of the layman. For that reason, the Nursing Education Committee of the Canadian Nurses Association was deputed to prepare a handbook of additional material which could be made available to the nurse-instructors and possibly also to their students. The material under consideration today is the result of that assignment.

What is the situation in Canada this June of 1942? Hundreds, probably thousands, of registered nurses have received instruction in first aid. Certainly, in this two-year period, thousands of student nurses have taken one or more examinations. All that is required to pass the examination is a knowledge of what is written in the text-book "First Aid to the Injured", and an ability to remember in which order the eight bandages for a fractured femur are tied, or when to use each of the various slings, or how to perform the Schafer and Sylvester artificial respiration, or how to stop severe arterial haemorrhage. Any intelligent person, after attending a series of classes, can become proficient and pass the same type of examination. Why then print additional material in First Aid?

Today, the possible emergencies facing the civilian population have multiplied a thousand-fold from what they were in 1940. There is a threatened shortage of nurse-power to meet the everyday needs of our communities and to muster the staffs for the army, navy and air-force hospitals. Married nurses and those who have been retired, perhaps for years, are being pressed back into service. Apart entirely from their nursing art and skills, what do they know about first aid in emergencies? Compared to the qualified layman, little or nothing. They have forgotten much they once knew. For these groups, some additional information is extremely valuable, and for these groups a handbook of material such as has been prepared should be a valuable supplement.

Every nurse-instructor in schools of nursing is being pushed to the limit of her capacity, sometimes almost beyond it. She doubtless has library facilities available where she may secure additional information on the condition of shock, for example, or haemorrhage or poisons. But has she the time or energy to look up this material? It is to save some of this valuable time and energy that this material was prepared. It is true there are many more points that could be included in the material. Any one who has been instructing in first aid could add numerous pointers which might prove invaluable. It might be wise, if it is decided to print this mate-

rial, to do it in loose-leaf form so that each one of us could send along suggestions and ideas which would be of benefit to all. Additional sheets could be sent out from the Canadian Nurses Association office as the material accumulated. Although it is not a great many months since the committee working with me completed the final revision, there are a dozen new ideas which have been received from texts, magazine articles, doctors' observations, etc.

Finally, why are we urging nurses to become qualified in first aid? Is it to pass an examination and secure a certificate? Is it so that they may be ready to compete with lay groups in providing aid in emergencies? Or is it because we feel sure that a nurse, with all her other qualifications, will make a more valuable citizen if she is as well-equipped to render *first* aid as she is to render *later* aid when the patient is removed to a hospital? This was the motive in preparing the "Additional Teaching Material in First Aid". Any one can take a first aid course, but every nurse who takes it should be as thoroughly qualified as it is possible to make her. Give her more than is in the St. John First Aid Manual! Give her more than is in the supplementary material! Her appreciation of the important things in caring for any accident, any emergency, will be in direct proportion to the amount of information, over and above the limited scope of the approved text, which she has received. Our aim is not only to have every nurse in Canada a holder of a first aid certificate—it is to have her qualified so that she is equal to any and every emergency.

The Administrative Problem

NORENA MACKENZIE

The administration of the curriculum is the most difficult problem with which a superintendent of nurses has to deal and occupies much of her thought and time in normal times but now, in this time of crisis, it must of necessity receive more attention. The subject is so comprehensive that one can only suggest a few adjustments that may assist us at this time and which may be of great value for the future.

One of the fundamental principles of the proposed curriculum is that teaching must not be isolated in one department but that there be organized continuity in teaching and in its application. Unless we have a programme planned to utilize all the opportunities that every department of a hospital provides for teaching we shall have fallen short of one of the first principles contained in the curriculum. In our great desire to build up our schools we have emphasized the instruction in the classroom and for the most part well planned ward teaching—or planned teaching in other departments—has not yet become a large enough part of the educational programme of many schools. It is timely that we attempt to appraise our efforts now when we are short of qualified personnel and when the nursing service with its increasing demands was never so rich in opportunity, to find out

if we cannot by better planning use our teachers, head nurses and supervisors to better advantage and at the same time provide for better teaching.

We have a great duplication of effort bi-annually across Canada, teaching preliminary students. It does seem that central preliminary schools would eliminate much of that to the advantage of the student, who would receive first consideration, and also to the advantage of the home school. The central preliminary school would of course call for better prepared students which in turn means that the students could carry heavier assignments and, that that method of teaching would be more commonly used. It is well known that group conferences with students will often accomplish more than formal teaching because that form of teaching is so often merely telling—the student being merely a passive recipient. We must not be afraid that central preliminary schools and the better selection of students will reduce the number of applicants. In one province where the entrance requirement was raised to senior matriculation and physics and chemistry made obligatory the enrolment is greater than ever. This in war-time!

In many schools there is a great overlapping and little co-ordination of teaching. This occurs when instructors have not become familiar with the entire programme and have not realized that their subject or subjects must fit into the whole in its proper relationship. For example, I have known the process of osmosis to be taught as a separate lesson in chemistry, physiology, pharmacology and bacteriology; there is no justification for its receiving so much time. Again, if the instructor teaching practical nursing is not in communication with the programme of the science teacher the procedures may not be taught at the most opportune time and may be quite unrelated to the rest of the programme. While this lack of integration is undesirable under ordinary conditions it is now inexcusable with the present shortage of qualified nurses. By carefully examining our plans, and eliminating this unnecessary overlapping, we shall find that it will be to our advantage because it would make for more effective and at the same time more economical teaching because much time devoted to repetition would be saved.

In many schools note-books are still handed in to be corrected, notes are still dictated and all examinations are written. All this requires hours and hours of an instructor's time which is greatly needed for more necessary work. We shall not discuss the correcting of note-books except to reject the idea. If there must be dictation, mimeographed sheets will serve the purpose. Written examinations are necessary but all examinations need not be written. There is no better method to test a student's knowledge, skills and ability to think quickly and accurately than an oral examination. In one hour, an examiner can do more for more students and at the same time find out more about the student's knowledge than by envigilating for hours while the student writes reams and then spends hours marking papers. An oral examination of course requires a competent examiner.

Many of our over-burdened classroom teachers are endeavouring to teach what properly belongs in the ward teaching plan. This is being done because they fear the student will not receive it. Now the head nurse must teach. Any head nurse who says she has no time to teach admits she has no time to nurse her patients because the patient receives the nursing care the student can give. Well planned and systematic ward teaching is the fulfilment of the curriculum in that, it pro-

vides the opportunity for the student to apply the knowledge obtained from every subject to the solution of her nursing problem. Moreover, each student becomes a participant in the other's problems and in the methods used in their solution by means of the ward conference. If the head nurse must teach she must have guidance and preparation for it. Have we in our schools programmes for staff education that are really meeting the needs of the head nurse?

Again, time is one of the greatest factors opposing ward teaching and a good deal of time may be wasted if we do not constantly analyze our nursing procedures and bring them up to date. A nursing procedure has to satisfy three demands—the standard demanded by the therapeutic effect to be obtained, and the safety and the comfort of the patient. Therefore revision of our procedures ought not to be difficult. In a recent journal we read that 15 hours per week were saved after revising the technique of administering the hypodermic. That could be multiplied many times.

Because of the demands of the nursing service we have on the wards some of our cleverest young women in the person of the general duty nurse. Can we not provide for her growth in the staff education programme and can we not obtain more assistance in ward teaching and supervision by including the general duty nurse in the ward programme?

A great deal of time could be saved in supervision, and at the same time provide for a better sequence in training, if the student's clinical rotation were completed for the three years when she was received into the school. It is tentative we know, because nothing has such a high casualty list, but there is nothing that provides so much for continuity of learning because one is aiming to co-ordinate proper ward experience and class-room instruction.

A few ways and means have been reviewed which might conserve time and energy and preserve the quality of the curriculum. We realize we are short of qualified teachers and experienced head nurses but that is our greatest challenge and teachers and head nurses can only accomplish to the extent they are given guidance and assistance. That is the responsibility of the superintendents of nurses across Canada. At this time of year, when school programmes are being planned, may we not ask to have a more carefully planned undergraduate educational programme for every school? May we ask that all staff members become *au fait* with their own school programme? Can we not begin to develop the latent ability in our young head nurses and general duty nurses by a well thought out staff education plan. The objection to this will be, "there is no time!" Superintendents of nurses must try to make these young women see that coming together for their own professional growth, and to learn more about planning their work, will ultimately save a great deal of time.

One word more: the laity is slowly but surely beginning to appreciate the meaning of a well-qualified nurse and is becoming vocal about it. This is due, of course, to the shortage of nurses. Apropos of that may I refer you to Miss Bromley's excellent article in Harper's Magazine for June in which she says, "None of us know what the post-war period will be like but it is a safe prediction that well-qualified nurses will be needed in large numbers". Such a statement is a challenge to us to adhere as closely as we can to standards set within the Proposed Curriculum and to see that when stringent methods must be applied, that what is most essential is preserved.

Clinical Teaching and Supervision

M. Jean Wilson

In presenting this brief contribution to the discussion concerning the Curriculum and its Supplement, I must start with some material which has come in from a number of schools. This arrived in answer to a questionnaire addressed to these schools by the Committee on Nursing Education. Since the Committee asked that the replies be addressed to me, I have summarized them very briefly as follows:

It appears that these schools are using the Supplement. The instructresses and head nurses are familiar with it, except where recent changes have resulted in younger and less well prepared nurses being taken on the staffs.

The Supplement has been of service in helping schools to establish or maintain and improve, the method of patient assignment, nursing clinics, and individual conferences with students.

The suggested ward outline is not being used generally.

The Supplement has helped to develop nursing as a function that includes preventive and health aspects as well as curative.

Some schools have had well planned staff conferences for a number of years. The Supplement encouraged the initiation or the improvement of these in other schools.

The whole tone of the replies was such that one cannot doubt the value the Supplement has been to these schools.

The Supplement offers such a wealth of material that it is difficult to pick out particular points for emphasis. You will recall that the first sections are given over to a discussion of the principles of education as applied to nursing, the resources for, and the organization of, the clinical programme. Already we have heard from one speaker of problems in the administration of nursing education in the clinical field. Let us acknowledge these problems and proceed with the topic of clinical teaching, even though we are aware that our teaching must be conditioned by these.

Several methods of clinical teaching are listed in the Supplement including, nursing clinics, morning circle, patient studies and so on. But all these various methods of clinical teaching will not serve their true purpose if the student's attention is not focussed on her own patients and aid given her in knowing and achieving certain standards of quality in her work. The Supplement has listed as standards for the evaluation of nursing care the safety, the comfort, and the happiness of the patient; the therapeutic effect of nursing treatments; conservation of time and energy; economy and careful use of nursing equipment and materials; and the use made of teaching opportunities. We claim that we approve these standards. Do we keep them before the student throughout her clinical experience? In busy times like these do we make sure we have done all we can to aid her in conserving her time and energy? Do we remember these standards when we evaluate the student or are we still prone to put the emphasis on lesser things?

It is surely true that to carry out such a clinical programme as the Supplement advocates requires the understanding and co-operation of the whole staff. The Supplement breathes this spirit from cover to cover commencing with those numerous questions which fall under the heading "The Challenge to Nursing Education." A belief in the philosophy

implied in these questions would seem to be essential for all members of the staff. Surely that, rather than the question of method, is the necessary starting point for those commencing programmes in clinical teaching.

Planning has been stressed, and I have observed that much more is accomplished if the ward teaching programme is posted a week in advance so that students may plan their work accordingly. Often there is disappointment and a sense of frustration but the records show a greater balance of accomplishment when this programme is committed to writing than when left to day by day planning. There is also more possibility of the patient as a person being the center of the plan and of preventive and community aspects being presented. Since time is a factor we must make every minute count.

I feel, too, that in these times we would profit if the head nurses who have not already done so would analyze the possibilities that their own wards offer to the students. This is particularly easy if the hospital has segregated services. Then the prepared outlines could be posted for reference for all students arriving on those wards. It would increase their interest even more and probably give them direction in their individual studies.

In closing may I pass on three or four points which have been of great satisfaction to me in my clinical teaching during this past year. Let me sum them up under the heading, "Opportunities for teaching on the part of the student herself." Those of us who are teaching realize that we never learn so well as when preparing material for teaching. I have given the students the opportunity to discover the truth of this principle. Here are some of the methods which were used.

In the preliminary period, when a number of students are together in one section of the ward, each student is given a special assignment for a week. During this week she offers plans to the instructor for the activities of her group, for assigning ward duties to her classmates, for choosing the subjects for nursing clinics, and presenting for discussion the problems of the group concerning the care of their patients. At the end of this period she submits a brief written report summing up the week's programme, her successes and difficulties, criticizing herself or the group as a whole and making suggestions. I might add that some of these suggestions have been very worthwhile and acceptable.

Another means of affording an opportunity to teach is to have a student demonstrate to two or three of her classmates, a procedure which she has practised, such as the special care being given to the feet of her diabetic patient. The diabetic patient offers a wealth of opportunities for teaching by the student, and again in this connection, we have had some happy experiences. Of particular value to the instructor is the person who has returned to the ward for a second time, who willingly joins a small group and explains what her biggest problems were upon discharge from hospital. How easy it would be for the instructor to pass on to such an individual what information she possesses, but how much better to allow the student nurse to arrive at the answers by means of discussions with her head nurse and other members of the staff, and then to have the thrill of sharing this and explaining it to the patient.

Then, the nursing conference. In this connection, usually two or three students are posted to assist the instructor: for example, one afternoon we dis-

cussed the care of patients who had had eye operations for cataract and detached retina. One student demonstrated to the others the method she had used to move her patient, to give care to the back, and to change the bed linen. Another student from the dietary department presented some material from recent articles on the relationship of diet to eye health. A third explained about the medications she was using in her patient's eyes. To round off the conference, another member of our staff helped us with questions which came up concerning such matters as the securing of artificial eyes, old age pensions, pensions for the blind etc.

May I mention just one other means? A more senior nurse, even a second year student, may give a small amount of teaching to a group of first-year students. By way of illustration, one week the doctor had introduced the subject of diabetes in his lectures, and in our nursing conference we discussed the problems in caring for these patients; later, on the ward, a second year student, who was also nursing a diabetic patient, told the group of first year students something of her patient's background, reviewed the probably pre-disposing factors of her condition, and then demonstrated some points in the nursing care. Although these attempts at providing opportunities for student teaching require a great deal of time and effort in preparation and care in handling, the results are too good to be lost.

For those who are just commencing as clinical instructors in these difficult times, may I emphasize the help you will gain from the Supplement. For those of us who are to continue with the work, may we review it at times, finding there confirmation of our philosophy and renewed encouragement to aid in the further development of its practices.

Preparation for the General Practice of Nursing

MADALENE BAKER

No matter how completely a teaching programme is carried on, the product of the course will never prove fully satisfactory unless there is very careful selection of students and maintenance of standards for admission to schools of nursing. It is true there are certain composite traits which tend to develop a successful nurse: a person of good character, good morals, who is loyal and dependable; one with a cheerful outlook and a genuine liking for people; self-control, seasoned with a lot of patience and a sense of humour. But these personal qualifications are not enough—she must have a head and a heart, as well as hands and feet. A high grade of intelligence is imperative if we hope to carry out the purpose and objective of nursing in promoting the welfare and happiness of the patient. In general practice, the nurse works with all classes of people, from the unlearned to the most scholastic. The more intelligent and informed the patient is, the more the nurse is challenged. A good sound educational and cultural background is necessary if we expect to develop the student to fit into the picture.

The basic course is reflected in the practice of private duty and general staff nurses. In discussing what in the curriculum is most important in undergraduate training to prepare the nurse

for general practice, bedside nursing comes first. Bedside nursing is the cornerstone of undergraduate education. The professional qualifications of a good bedside nurse are many. First, she must know the theory and principles of nursing, and it is important to have learned how to apply those principles effectively. It is equally important that she understands why she applies the principles. She needs to be developed to be thorough in adapting her skills to make the patient comfortable, to be observant, to anticipate wants, to recognize signs and symptoms, not only physical, but mental as well; to develop an understanding of the patient, which reaches beyond him to his family. She must be impressed with the close relationship between health habits and all nursing—curative and preventive—and be prepared to explain and to demonstrate the principles of health and to help her patients apply them in their everyday living.

The curative aspect has been out in front for many years. It is still our duty to try and cure disease. But bedside nursing is a great deal more than merely attending to physical needs—it carries with it a responsibility to endeavour to prevent sickness and to promote and maintain health. We have a teaching function at the bedside of the patient, either in the hospital or in the home. The very nature of our work imposes upon us the greatest responsibility to teach. The bedside nurse has a matchless opportunity to make the science of healthful living understandable and interesting, to give guidance in good habit formation, and to develop a sense of health values in the patient and in his family. To accomplish this tactfully, we need to know something of the technique of approach—we must know how, why, when and where to apply that teaching. The patient assignment method in undergraduate training provides opportunity for the student to learn what the nurse in general practice needs to know: how to plan for complete nursing care; how to nurse the patient as a whole, mind as well as body; how to regard him as a person who is a member of a family which is a part of the community; how to apply the principles of nursing techniques and health teaching, with sufficient freedom under control to develop initiative and resourcefulness—both so necessary if we are to be successful.

I would like to champion the importance placed upon tests and evaluation of the resourcefulness and initiative of the student, with the idea that her mind would be focused toward adjustment to home nursing. To-day we are disturbed because many private duty nurses register for hospital cases only. By making some enquiries, we discovered that to a large extent this selectivity is attributable to fear, which is due to lack of knowledge of how to adjust to economic and social conditions in home situations. The nurse needs to be impressed to use what she finds in the home, instead of using the corner drug store and the departmental store as a central supply room. The use of improvised equipment and the simple things, such as clean linen for bandages, how to keep a heart case comfortable in a sitting position without buying or renting a hospital bed, are necessary if we would keep a patient and his family happy. Recognition is given to the value of the senior student to the institution, but we must never lose sight of the fact that we are preparing the student for the general practice of nursing. It would be helpful, near the completion of the course, if special instruction in home adjustments could be given, including

technique of approach and relationships to other members of the family.

Another point in the curriculum I wish to emphasize is helping the patient to live "mentally". Their mental attitude is of major importance in regaining health, in maintaining health, and in making any necessary adjustments. The inclusion of psychiatric nursing is extremely important, and I will go so far as to say that actual experience with disturbed patients would be of great value in the development of every nurse. We also need a thorough knowledge of communicable diseases, including the preventive aspect. Health education is sought and should be found in every nurse.

We need individual conferences to bring out our successes, our weaknesses and our difficulties; there cannot be too many of such conferences—the benefits are immeasurable. One of the most important aspects of the curriculum in developing the student, is the people she meets—I mean the staff— their understanding and their ability to give direction, to challenge the student to think and to speak for herself, to develop various ways of doing things and to arrive at the same ultimate end; to plan for the individual patient's needs and to broaden her scope of work to include some responsibility for the future welfare of the person whom she nurses; all of these have a bearing upon the development of the right type of person. I do not think it would upset the Hospital if students were encouraged to express themselves. It would just upset a tradition. We need more and better clinical teaching on the ward, and more supervision.

In no work is it more important that the nurse be intelligent, capable, enthusiastic and adaptable than in general nursing. Private duty nurses are the members of the profession that come the closest to that level of society which demands most and is most critical; they, and general staff nurses, are examples of what nurse education is supposed to be. To a large extent, the public use them for a measuring rod of the profession. Poorly prepared, they will prove a headache to the community and, undoubtedly, a heartache to their school of nursing. There are failures in general practice—such complete failures that from the time they graduate they are not called to work in their own hospital, where they would be under supervision, but registries are expected to find them work in the field where, as yet, there is no supervision.

The carefully selected student with a good sound educational and cultural background, with three years of intensive training of qualitative instruction and adequate supervision, will not be a failure. She will be impressed and will understand the broader aspects of nursing. She will be made aware of her responsibilities—not as routine procedures, but as important functions of the hospital and the community. Her ultimate aim will be to restore and to maintain health and to be interested in the welfare of patients and their families. The broadness and thoroughness of her education must make her confident and secure in her work, to such an extent that she will inspire confidence in those with whom she comes in contact. She will have developed a proper bedside approach and will have a foundation for any branch of the work which she may desire to follow.

To implement the recommendations in the Curriculum and the Supplement means to safeguard the standard of nursing for the future, in the hospital, in the home and in specialized nursing. *Nurse educators, the quality of the product of the basic course depends upon you!*

Staff Education

MARJORIE JENKINS

The subject of staff preparation conjures up a challenge and a very interesting one these days when anything in the line of a plan is apt to be shot to the winds at a moment's notice or forced to a sharp turn-about and to a new beginning or to variable readaptations. One may have a beautifully worked out staff programme at the beginning of the year and find oneself at the end of the year struggling to hold it together with a staff largely diluted with new-comers. One's heart grows faint as one watches the exodus of the interested ones and must be content to receive new members in their place. If we face facts, this is bound to be the experience of many of us. I therefore propose to take up the discussion of my subject at this point.

We all know the difficulty. It is hard to stir real interest in the young graduate whose mind is on the prospect of marriage or active enlistment, whose main purpose in her hospital position is the economic one, and who intends, deep down in her heart, only to bridge a temporary gap of waiting. This restless atmosphere of change and shift and indeterminate future which permeates hospital staffs today is detrimental to the sound success of any program that presupposes permanency. It creates a feeling of futility in the director who knows that many of the participants for whom the programme is aimed will not be in the hospital with her the next year.

Yet staff preparation must go on, for progressive trends in our profession demand the participation of the staff in the teaching of the student and in the whole educational experience of her training. How then can we interest the staff nurses, young or mature, in the important role of participation to such a degree as to retain them for longer periods? This is our problem.

I am convinced that there must be an essential motive for their participation to-day, impelling enough to capture the imagination and emotions, and related vitally to the world struggle in which we are involved. Can we obtain this by giving the staff a vision of the importance of nursing after the war? Can we emphasize the health regeneration that will be needed by the crushed and drained sections of society now under the enemy heel and the professional opportunity for service all over the world when the smoke of battle is gone? Can we grip them with the need for special preparation for this time? Can we make them feel that this readiness for the future will depend largely upon them, *their* contribution because every student is now a potential servant of that future? Can we make them feel that they are really needed—that their enlistment in the service of civilian hospitals is as truly enlistment in the conflict as that of their sisters who have donned the military uniform? Can we persuade them that the battle fronts are everywhere where work is being done for the betterment of the human race?—for this is what we are fighting for and that according to the degree in which they give themselves to this cause they, too, share in the war effort? Can we appeal to them to play a part that must be played by someone—to stand by the civilian hospital with its nursing school, for nursing schools are the sources of our profession. Can we plead with them to share in this responsibility of producing young nurses for nursing? Can we point out to them that in such

an undertaking they are developing their own powers and skills, as well as those of the students, and are helping in the building of a strong reserve for the commanding task of the days to come?

The members of the staffs of civilian hospitals must feel that they are right in the war, that they have a definite responsibility, that they count positively for something and that the big things of the future are dependent upon them. At present they are apt to feel a sort of remoteness in their work—a separateness from the dramatic events of the times—and to think only of the hardships caused by others from among them leaving for more eventful fields. Their work presents no direct purpose, for there is confusion in their minds about the essential value of the educational programme. They find, of course, some satisfaction in the nursing care of their patients but they are in need of an uplift of the stimulus of an impelling motive and the zeal of participation in stirring times.

I suggest that the Staff Preparation Plan for clinical teaching could be drawn up in units—each unit an entity and dealing with some aspect of the teaching work of the school. It should be specific and yet elastic and with such scope that it could be adapted to the use of both mature and immature staff members.

The first unit would be the most essential one. Its substance should be the disposal of every new member, for without its initial stimulus the succeeding units would probably not flourish. This unit should constitute the foundation structure upon which the other units would be built. It would deal fervently with the need for staff assistance at the present time. It would point out the critical problems of the profession and the need for rallying of all members to help in solving them. It would draw attention to the social changes that are so profoundly affecting nursing and the rapidly expanding fields for nursing usefulness and to the profession's opportunity to play a great part in post-war reconstruction. It would discuss professional status and the reasons for the scientific and intellectual advances that have been achieved. It would stress the importance of close attention now to that section of the profession that is in the making—the students of our schools of nursing. It would bring out the personal growth and satisfaction that would be felt by those who participate in this making and the worth of the staff as women of experience in life situations, as women of competence, and fine personal development, whose offering should not be withheld from the school. And finally, it would intimate to each staff member the happiness of a co-operative enterprise inspired by a big ideal.

The vision of the professional task, and an interest in it awakened, the second unit of the programme could deal with how best assistance could be given. It could be brought out that the giving of her personality and spirit and the passing on of her knowledge and experience to those who are in need of it is the highest contribution she can make at this time. And it can be pointed out that this, after all, is *teaching*. The head nurse is apt to think of teaching as some vague performance, far removed from her, that belongs only to the class-room and for which she has no responsibility whatsoever because she is not qualified. She can be told that she can perform some aspects of it and that to teach others to do and to develop is a work of high Christian import. The spiritual implications of interest in other people, a willingness to give and work for others, to be a builder of useful per-

sonalities can lead up to the need for effective ways of doing it—in other words, to effective methods of teaching. The programme of this unit would deal with simple teaching principles and methods, how to recognize and appreciate teaching opportunities on the wards, and a little on the psychology of learning.

Unit three could deal with the educational system of the School; the awareness of the profession of the weaknesses of the system and the moves afoot to improve it; the need and value of each subject covered by the curriculum as it affects the future fields of the nurse; and the responsibility of the hospital to the student as an individual. In this unit could be included a joint examination of nursing procedures, an estimation of their quality from the standpoint of economy of equipment and time in performance—a very desirable economy at this time of shortage of supplies and working personnel. I find that staffs enjoy discussions on procedures, for they are near to them. They enter into this subject with vim and even humour and feel a pride in having a share in their revision. They also throw themselves freely into discussions on new drugs, treatments and equipment.

But the average head nurse seems to hug a sort of scorn for the classroom schedule. I think it is because she has had to bear the bitter end of the burden. She is called upon to give up the nurses on her ward at the cost of anxiety for her patients during their absence. She has no real appreciation of the need for the lectures and is nettled at a system of education that must rob her patients of the care they need in order to educate. The head nurse needs an orientation of the whole professional effort and to understand that attempts are being made to remedy the difficulties she complains of and that the results will be slow because the difficulties are tangled up with the social and economic problem of society. She also needs to appreciate the fact that scientific knowledge and good ward teaching have a definite bearing on good care rendered to patients. All this understanding seems to me to be important in order to enlist the staff members' readiness to become a part of the educational programme.

Unit four would deal with plans for practice teaching on the wards. It would study the methods of applying the principles and knowledge learned in units two and three. It would take up discussions on the different types of teaching that may be done on the ward and the kinds of information that may be given by the case study method, the nursing care method, the group and individual conference, ward rounds, incidental instruction and demonstration and the bedside clinic. It would include a study of organization plans, the division of personnel participating, and how to rate students and the techniques used to measure success. The role of the instructor, the teaching supervisor and the head nurse in the ward teaching scheme would need to be clearly understood. A valuable part of this unit programme could be a study of the psychological factors of personal relationships.

Throughout the whole staff programme there would need to be equality of fellowship, a collective drive toward a common goal and a collaborative assumption of responsibility. Superiority in qualification should be interpreted as a larger opportunity to help and contribute to the effort and not a signal for more privilege and for domination of the lesser qualified. The philosophy underlying the leadership must be strictly democratic. The leader must inspire, arouse interest and challenge.

The staff members will need guidance when they start trying their wings at the teaching game which is new to them. The question of whether they will look for help or not will depend on the character of the relationship that has been built up. For this reason, it seems advisable to have the programme led by the member who will be able to carry the leadership on into the wards—the instructor or the teaching supervisor. The staff should understand that the instructor or supervisor is leading the programme by virtue of her qualifications and experience as a teacher and not from any standpoint of superior rank.

The question of relationship between the instructor or supervisor and the head nurse is a delicate one. Whoever leads, must carry the privilege with skill and tact, and *feel* the part of being one of the group. For head nurses are touchy beings, with a pride and independence born of the first-hand experiences which have been theirs. They are reluctant about turning for help to one who is outside their group, who assumes superiority because she has had an advanced academic course but who has had little of the hard and real experience of ward life. Help should be given in the spirit of two people getting together and working out a situation. The encouragement and applause should come from the superintendent of nurses.

The staff will need help in preparing the methods they choose, and in selecting the equipment; in providing the time for the teaching; in picking out the content and deciding on the type of teaching to use with the material available and in organizing it; and in setting up a system of ward teaching records.

In summary, then, the staff preparation programme for clinical teaching could be divided into four units:

Unit One: The profession to-day and its opportunities in relation to the times; the urgency of particular and sound preparation of its students-in-training and the need for the effort of the whole staff towards that end.

Unit Two: The theoretical principles and methods of teaching that should be known by the staff; ways that teaching can be done on the wards; how to recognize the opportunities.

Unit Three: Discussion of the educational system used in our schools of nursing and the expanding fields of service for nurses; the subjects that must be included in the curriculum in consequence of this expansion; a study together of the nursing procedures used in the hospital.

Unit Four: A study of the types of teaching methods to be used on the wards and preparation for the practice of them.

The hour for the programme is a hard problem to settle. It would seem wise to allow the staff members each to have a voice in the matter. As the programme is being arranged in the interest of the hospital, the hour selected should be, if possible, within duty time. But it is difficult to talk about projects and extra time for the furthering of them when hospital staffs are so hard-pressed as they are at the present time. A hospital staff that comes forward, in spite of this, and takes up the added challenge on behalf of its School is surely worthy of the highest commendation. Such a staff stands on common ground with that vast army of men who are giving of their all in order that the world may some day be lifted up from its tragic plight and tribulation. "Hats off" to such a staff—for its members, in so doing, will have demonstrated, in their flame of purpose, that "where there is a will there is always a way."

The Head Nurse as Clinical Teacher

MARGARET J. DENNISTON

A large percentage of our nurse educators in schools of nursing, and the occasional University, have excellent academic and cultural backgrounds, but lack nursing experience as head nurses; therefore they have little appreciation of the opportunities which such experience offers in preparation for the teaching of student nurses, both in the University and Hospital School of Nursing. This seems to me to be the greatest discrepancy in our nursing educational system.

Why does this state of affairs exist if experience is considered the best educator? Because the head nurse is usually overworked, underpaid, has to assume too much responsibility, and does not enjoy the same prestige as other members of the teaching staff. Therefore our sisters who have had academic preparation, shall I say University Degrees such as Bachelor of Arts and Bachelor of Science, before taking up nursing, are apt to jump this stepping stone, in order to find more remunerative returns for their labours, in "the teaching field" as they call it, when the real teaching field is in the active public wards of our teaching, city, municipal, and special hospitals. Here we find life situations, where learning may be applied and teaching reinforced.

How is it possible to escape this phase of institutional nursing, if one considers it so important? Qualified instructors, and clinical supervisors were scarce, even in pre-war days, therefore these young women have no difficulty in securing teaching and supervisory positions because they have had what I call partial preparation. The result quite often is that there is friction between the experienced head nurse who really is, or should be, "the hub" of nursing education, and the young inexperienced instructor or clinical supervisor. This reacts very unfavourably, both on patients and student nurses.

Every head nurse is not by nature a teacher. She may be an excellent nurse, a good organizer, and in general a very capable person in the eyes of doctors and students, both medical and nursing. Yet she lacks the teaching instinct and therefore may pass up untold teaching opportunities daily, either unconsciously, or deliberately, because she has the attitude, "this should be taught in the classroom", or "that is the clinical supervisors' job; my duty ends with adequate care of the patient and the smooth running of my department."

Should the head nurse have any preparation, in addition to three years' training and registration? Those who show promise of having the necessary qualifications should have a few months experience as a private duty nurse, with the hope that she may be fortunate in dealing with desperately sick patients and anxious fussy relatives, both in the home and hospital. This will give her an opportunity to apply what she has been taught, away from supervision, thus increasing her resourcefulness, initiative, self-reliance and tact. It also gives her an opportunity of meeting more experienced successful private duty nurses from whom she may learn a great deal of practical psychology. She also learns to have greater appreciation of the private duty nurse's difficulties and problems, and of her importance and contribution to the essential machinery of a community, which is sometimes over-

looked both by institutional and public health nurses. In this way she may learn to extend the hand of friendship when the private duty nurse arrives to lighten the load in her department.

The next step should be one year as a general duty nurse, which should not be confined to one department. She should have an opportunity to refresh her memory in all departments including the outdoor where she may become more familiar with the functions of social service, voluntary agencies, and the department of public health. I recommend a further year as assistant to a head nurse who has had proper preparation, and finally a year in teaching and supervision at the Nursing School of a University. She now has a background of experience in almost any phase of bedside nursing and is therefore admirably qualified to teach in life situations on the ward, as a head nurse, and should be definitely recognized and paid the same rate as other assistants on the teaching staff.

This preparation will not qualify her for an endurance test, and will not substitute for a poor inadequate staff. The head nurse cannot be expected to teach unless she has sufficient staff to give the very best nursing eare.

I have roughly outlined the minimum preparation for head nurse-ship. What other qualifications should she have acquired and what responsibilities must she assume when she takes office? The most important thing for the head nurse to remember is that the primary function of the hospital, and the reason for its existence, is the care of the sick and injured. With this uppermost in her mind, she sets forth with the understanding that she is directly responsible for the nursing care of patients (a) to the physician or surgeon in charge; (b) to the superintendent of nurses, and (c) to the Medical Superintendent. The latter must account for his stewardship to the Board of Management. We know the hospital has other functions as a teaching field, and a field for research, but the care of the patient precedes all others. Therefore, the head nurse should have proven herself an expert in bedside nursing care with powers of observation so highly developed that she may be accused of having eyes in the back of her head. She must not only be able to inspire confidence in the patient and his relatives, but in all members of the ward personnel; if she can accomplish this, the road is smooth; if not, it will be very bumpy and thorny. She should be able to imbue each and every member of her personnel with the spirit of service. Their motto should be "service before self". Thus only can she achieve her objective—well cared for happy patients. Much of the reputation of the Hospital in the community will depend on her ability to do this.

She must be an economist of the highest order and should be able by her example, guidance and knowledge of costs to produce a sense of responsibility, to the institution and community in every member of the ward personnel. She should encourage members of the staff to confess mistakes immediately, knowing they will receive a sympathetic understanding. (I do not infer she should be soft.) Very often, a mistake rectified immediately may prevent more serious consequences especially with regard to the patient.

She ought to have a knowledge of the legal responsibilities of the institution, and be on the alert for patients (and occasionally personnel) who set out deliberately to cause trouble. With definite appreciation of the legal value of permanent scientific records, their value in research, and perhaps later to the patient

and other members of his family, the head nurse must exhibit her ability as an expert clerk and custodian in the supervision of these valuable sources of information.

She must be an expert diplomat in the handling of patients, relatives, medical staff, her own personnel, personnel from other departments, representatives from various organizations, and the general public.

She is the manager, housekeeper, hygienist, sanitarian, and building supervisor in her particular department. She must be a good disciplinarian, organizer, administrator, and co-operator, not only with people but with other departments, both inside and outside the hospital. Therefore, she must understand the principles of psychology, and know when and how to apply them.

The head nurse is the hostess not only as regards patients, and their relatives, but also towards medical men, students, clergy, and other well-meaning groups who are interested in the institution and its welfare. As a teacher on the ward, she should be familiar with the class programme in order to help the students integrate theory and practice in ward experience; therefore she should understand the principles of education equally as well as the class room teacher and have an appreciation of each student's needs.

Through all this, she should be able to retain her sense of humour and sympathy, make allowances for the strength and weakness of human nature, both in dealing with patients and personnel. The maintenance of a peaceful happy atmosphere is very essential in bringing out the best there is in one, and remember a happy staff reacts favourably on sick patients. Therefore she requires an unlimited amount of patience, energy and endurance, both physical and mental.

I have often thought that some of our young professors of psychology would find a gold mine of experimental interest in "shifting of attention", "reaction time", "the span of attending", and "to how many stimuli can a person be attentively receptive, at one and the same time" if by chance they could keep pace with the head nurse, on a really busy day. On an acutely ill ward, all kinds of research and tests are going on —medical rounds, medical students' lectures are in progress, anxious relatives must be put at ease, even though the staff is somewhat below the minimum. I think they might switch to literary endeavour before the day was over, if they were interested in the many amusing and grim episodes that help one to see the lighter and more serious side of life. Or they might recite Rudyard Kipling:

If you can keep your head when all about you
Are losing theirs and blaming it on you
If you can trust yourself when all men doubt you
But make allowance for their doubting too

I infer that they would have a greater insight into the complexity of the task which the head nurse shoulders daily.

How is the head nurse to find time to teach and how should she attempt to organize her programme? This will depend on the service and its activity, the architecture of her department and the physical plant in general. The ideal teaching situation would be to have a head nurse and an assistant for each specialty: medicine, surgery, pediatrics, gynaecology, etc. The head nurse should attend the doctors' lectures in connection with her own specialty and give the nursing care in relation to each lecture. She should supplement important points that have been overlooked, or omitted due to lack of time,

in covering the prescribed course of lectures. She is in a much better position than anyone else to correlate and integrate theory and practice in relation to patients on the ward, of whom she knows the whole story personally.

Different grades of students should be assigned to each ward continuously (preliminary, junior, intermediate, and senior) in order to avoid depletion of the staff, due to attendance at the same lecture. It will thus be possible to provide practice material for each group proceeding from the simple to the complex, especially if one uses the patient assignment method. I do not think that students are taught sufficiently how to work in pairs or teams. My experience has been that they can work faster with less effort, gain more confidence, and keep patients happier, if they work in pairs and teams, occasionally. This plan can be used in conjunction with either the patient assignment or efficiency method.

If one has eight students on the ward and they are each assigned for a period of eight weeks and replaced weekly, one could arrange for a conference and initiation to the new department with the new student on the Monday morning programme. On Tuesday, Wednesday, Thursday and Friday, one could use this time, approximately fifteen minutes, for the morning circle. Each student would have an assignment for discussion posted at least a week ahead, thus each student would be called on once in two weeks to discuss some topic, and would have prepared four such discussions during her stay on the ward. On Saturday the head nurse could lead the topic of discussion, or perhaps "lay down the law" with regard to some slackness or inefficiency which she may have noticed and which may be good for the whole group to hear. Occasionally, if the ward is especially busy, it may be necessary to ask the staff to come on duty ten or fifteen minutes earlier in the morning; this time could be made up when the extremely ill have recuperated somewhat.

The head nurse will have her assistant trained to supervise treatments, and assist the inexperienced student with the nursing care of very ill patients, if she is unable to do so herself. If there is anything of unusual interest in the department, the head nurse should notify the chief instructor, so that arrangements can be made for students from other wards to see it. Approximately once a week, the head nurse should post and arrange for a bedside clinic at which she contributes most of the material herself. A senior student may prepare for this, with the help of the head nurse, or perhaps each student may be assigned to participate in a particular phase.

On the fourth week, a symposium should take the place of the bedside clinic; this takes a little more thought with regard to arrangements for a suitable time and place. The senior house doctor will be asked to discuss the medical angle, the head nurse will be prepared to discuss nursing care in detail, also prevention and health teaching. (This assignment might be given occasionally to a senior student.) The social worker will discuss facilities for convalescence in the home or elsewhere, arrangements for further treatment and diet, etc. The public health nurse (from the Outdoor) may describe methods of treatment in the home by one of the public health organizations and their interdependence on other social agencies. The dietitian will discuss the special diet; the physiotherapist, occupational-therapist and play-therapist will discuss their own particular contribution towards recovery.

Thus one can demonstrate how the various services, and organizations, are inter-related and inter-dependent, one on the other, for the welfare of the patient. One may also point out that the nursing department is just one cog in the wheel of a great human machine, which endeavours through co-operation with other departments, to restore the once sick helpless individual, to take his place in the community as a self-supporting citizen. In this way, one endeavours to see the patient as a whole. The students who attend the symposium or bedside clinic should see the patient concerned, but no discussion should take place at the bedside within the patient's hearing. Such method of instruction should take place in a special class room or a vacated room, which must have seating facilities.

The head nurse should arrange the off-duty time, so that all students have an opportunity to make rounds with the physician or surgeon in charge at least once or twice a week, so that they may learn more about the patients' condition, become familiar with preparation for various examinations, and also learn to anticipate the next procedure. Teaching by the incidental method should go on continuously, by the head nurse and her assistant, as the opportunity presents itself.

I realize this is no time for nursing reform, but our goal for the post-war period should be to have more and better prepared head nurses, and fewer clinical supervisors. The clinical supervisor's role is possibly the most difficult to fill satisfactorily in the whole of institutional nursing. She must be mature, well poised, have an encyclopaedia of technical and nursing information at her finger tips, and a background of teaching and practical experience far beyond any of the head nurses whom she endeavours to direct. She must also be one who is very highly respected for her ability in that particular field, by medical and nursing staff alike. One can see that people of this calibre are very difficult to procure. Therefore I think some of the clinical supervisors could be absorbed as added assistant instructors who would still function in taking care of case studies, assignments and some conferences but who with the instructor could give more detailed supervision of practice periods on the wards instead of in the class room.

I have found a convalescent women's or children's ward an excellent field for rehearsing elementary nursing duties, such as hygiene of the ward, morning and evening care, rubbing backs, bedbaths, simple dressings, serving and distribution of patients' meals, isolation technique, etc. If a good grounding is given in these simple duties in life situations by the person who has first taught them, I think students will feel under much less strain when they arrive on the wards for the preliminary period, and the instructor will hear less complaints, of the inefficiency of her once sheltered flock. Other more advanced procedures, as catheterization, bladder lavage, therapeutic douches, preparation of the skin for operation, administration of medicines, etc. should be demonstrated, and rehearsed as soon as possible on the ward, in order to overcome nervousness and awkwardness, and to reinforce the teaching in the classroom. This also gives the instructor a greater opportunity for interplay of forces between the ward and class room, instead of partial or complete isolation.

Editor's Note: Following Miss Denniston's address, the following contribution to the discussion was offered by Miss Mary Macfarland, superintendent of nurses, Toronto General Hospital:

Having listened with great interest to the material that has been presented, one is left with a clear picture that the ward is the real teaching field and the head nurse's chief responsibilities are firstly the nursing care of patients and, secondly, ward teaching. The question has been raised: "how is the head nurse to find time to teach, and how should she attempt to organize her programme?"

Student conferences, whether group or individual, provide a splendid method of instruction. As a means of teaching and learning, their value is inestimable. The head nurse is expected to share in the teaching of students, and to administer the nursing service on the ward. She can achieve this dual function only by having a carefully planned programme and utilizing approved methods to the fullest advantage. There is a saying: "What's well begun is half done."

When should conferences be held and what is a suitable length of time to allocate to them? A carefully planned conference should be arranged when a nurse is introduced to the ward. This orientation conference is a teaching responsibility. It takes place when the student reports for duty in the department. Forty or fifty minutes time, free from interruption, should be allowed. The subject matter includes explanation regarding the type, size, administration, personnel, geography and equipment of the ward. The head nurse clearly defines the special duties of the student and gives her a definite assignment of patients. The student should then be introduced to her patients and informed of their names, diagnoses and treatment.

Conferences should be arranged many times during the student's preliminary and clinical experience. When the student meets instructor, supervisor or head nurse in individual conference, she may be questioned regarding her background, special interests and adjustment to the work. At this time, her appearance is noted, and any signs of fatigue or worry may be observed. Hints may be given as to the best means of maintaining or improving her strengths and weaknesses, personal or professional. The student should not, however, be given ready-made suggestions. If she is to develop and progress, she may be guided, but must be allowed to reach her own conclusions as to how she will increase her good qualities and worth.

An individual conference is vital in aiding a nurse to evaluate herself and her work and in helping her to view both objectively. Harmony should be established between leader and student. The wise leader, instead of being authoritative, will encourage the student to express herself and to make decisions. Willing participation and discussion leads to a more advanced level of knowledge about each other and a franker exchange of ideas. The process of stimulus and response promotes openmindedness, understanding, and logical solution of problems and needs. Conferences should be carefully directed to encourage active thinking. They are not designed to take the place of informal teaching or lectures. Rather, conferences are formally planned to be of educational value to the student and to improve the nursing care of the patient.

Practical problems are discussed when group conferences are held. The importance of some particular aspect of nursing care provides the topic. The head nurse who is most conversant with the subject guides and stimulates the discussion and draws all students into participation. Thus the student's interest is stimulated, her power of expression developed and her knowledge increased. Co-operation amongst workers and consistency in treatment and care are fostered by case conferences. By the use of the conference method, the head nurse assists the student in effecting improvement in the care which she plans and gives her patients. The plan may need enlarging, or certain parts of it require emphasis. More individualized care of a higher quality will result because the "why" and "how" are discussed and understood.

Conferences are used to great advantage in assigning, preparing and reviewing the nursing care study. Discussion should be held frequently while the nurse is collecting, analyzing and arranging material, so that a clear account of the total nursing situation

is presented. There will be no debate regarding the value of such conference if the student can be directed to study the patient as a whole, and also to recognize the importance of reference reading, which unfortunately has to be encouraged. It is a problem in education to arouse the student's interest in supplementary reading and study.

Conferences relative to progress and efficiency have a stimulating effect on the student. The adjustment of the nurse to the particular clinical service, her knowledge of nursing, understanding and response to patients' needs and her personal and professional qualities are evaluated on the rating scale. The head nurse then discusses the report, making definite suggestions regarding improvement. This should be done half way through and at the end of experience in the department. The student is thus accorded a fairer rating, there is mutual understanding of the statements made regarding her ability, and also the comparison between the intermediate and final report will give encouragement and arouse her to still further effort to attain the highest standard of proficiency. Conversely, if the comparison is unfavourable and the student is not achieving satisfaction, the problem or reason may be uncovered and progress anticipated.

In planning, utilize this method of ward teaching: the aims and advantages of conferences must be kept clearly to the fore. Certainly, a most interesting means of learning is provided, and the end must justify the means.

Editor's Note: Sister St. Albert made the following contribution to the discussion of the address given by Miss Denniston on the head nurse as a clinical teacher:

In the use of the "case" or as it is frequently called "nursing care study" the head nurse will find one of her most helpful methods of teaching. She will realize that if this method is to be used successfully considerable time is needed both for herself and her student. Even though the student has had her introductory lesson in the class room, it will be necessary for the head nurse to discuss the study with her. It is usually necessary to discuss it when it is assigned, while it is in progress and at its completion. The student should not be overburdened with a multiplicty of duties so that she may give thoughtful study and care to the patient.

Does the nursing study warrant the use of all the time that must necessarily be expended upon it? It would seem so, because its advantages to both the patient and the student nurse appear to be many. The principal advantage to the patient is that he has the entire interest of the nurse who cares for him as a whole in contrast to nurses interested in his temperature, his bath, his chest or any other part of his body. She gives good nursing care to his body, aiding it to recovery and from her he learns to keep that body functioning as normally as possible. It is well to note that in addition she is aware of that part of his being which stamps him as a man, namely his soul. If she is the woman a nurse should be, his intellect and will benefit by contact with her.

The advantages of this experience to the student are manifold. She sees in this patient a sick member of society, not merely one of the patients in hospital. This nice appreciation on her part will invariably carry over to the patient, who will realize that his stay in hospital wll termnate just as soon as he can carry on his work again in society. This is her first privilege—the right to assist a person to regain his physical and mental balance and to re-establish himself in his normal living.

Always mindful of this motive the student must study and appreciate her patient's habits, interests, religious beliefs and whole personality and even his friends and all the external circumstances that go to make his little world. She must draw liberally on her knowledge of physiology, bacteriology, nursing arts, diet therapy, personal hygiene, materia medica, psychology and possibly in some way all the theory, which she has learned in the class room, in her effort to help his body become a healthy one.

For obvious reasons the patient's disease will claim much of her attention and, in aiding the doctor with his treatment, she will explore wider fields and will get a more

comprehensive knowledge than is possible for her to acquire from her classroom studies alone. Some important learnings which are sure to accrue, if she pursues her study earnestly and intelligently, are: first-hand knowledge of symptoms of disease, awareness of significant physical and laboratory findings, and reasons for doing specific tests. She applies defnite medications and treatment and she is quick to appreciate any untoward effects.

Lest the importance of the physical nursing care of the patient be stressed to the entire neglect, or almost to the exclusion, of the care that is frequently referred to as psychological, it might be well to pause and to refresh ourselves on the highlights of this side of nursing care. Perhaps of least importance, and yet of import, is that she notices the patient's reaction to the hospital environment, to visitors, to his doctor and even to herself. She should endeavour, within reason, to interest herself in his hobbies as in literature, in music or the theatre. She will be apt in noticing if he is worried or excited and make an effort tactfully to relieve his mind. It is precisely at this point that we are sharply conscious of the inestimable value to a patient of the enobling principles that must guide the mind and actions of a thoroughly Christian nurse.

When the patient is ready to leave the hospital the keen student may glean much information with regard to the various health resources available in the patient's locality. If he has a social problem, she should have made herself fully aware of it when she assumed responsibility for his care and, in assisting him to make the necessary adjustments, she gains information of the various social agencies available to all who are in need. Without doubt, the most significant benefit, which the nurse will derive through the care of the patient, is a sense of responsibility to a marked degree. This true realization of her responsibility should increase with each patient for whom she cares. Along with this will grow her appreciation of the value of community health and social services.

When the student has finished her study it would be a splendid contribution to her development to evaluate her work, more or less objectively, and, to try to determine more or less impartially, just how much the patient has benefitted by her nursing care. After analyzing in some detail, the method of teaching by case study, it would seem logical to conclude, that the one best suited for guiding the student in this assignment should be the head nurse. She has studied her patients and she knows her students. If circumstances, such as size of the unit or the rapid patient turnover, makes it necessary to delegate some of her teaching duties, she may allow her assistant to take the responsibility of the bedside clinic and the morning circle. There is such a splendid opportunity for student guidance and student development in a properly conducted nursing study that a head nurse, who is interested in the character and professional development of her students, would wish to assume this responsibility herself.

How many nursing studies she could adequately supervise at one time would depend upon the staffing of the department with professional and non-professional help, the length of time the students remain with her, the experience of the various students under her direction, and, what is of paramount importance, her recognition of the advantages of this method of teaching.

It is possible, that my concentration on the case study method of teaching student nurses, even for the purpose of writing this paper, has resulted in my over-emphasizing its value. However, it is my honest conviction that whenever it may be carefully assigned, adequately supervised and adapted to the student's learning ability, the case study method serves better than any other to help the patient and to develop in the nurse the right attitude to her patients and to nursing.

The following contribution to the discussion of Miss Denniston's address was made by Rev. Sister Lefebvre:

Miss Denniston has mentioned some of the most commonly used methods of ward teaching and I should like to discuss two of them which I consider to be quite important: the

morning conference and the bedside clinic. The morning conference is a daily meeting of the students and the supervisor or the head nurse for the purpose of reviewing the night report, organizing the day's work, and discussing problems encountered or anticipated in the department. It usually lasts from about ten to fifteen minutes and is conducted by the supervisor or the head nurse. The advantages of the morning conference are that it is a means of stimulating interest in the ward as a whole, and of securing the co-operation of the nursing staff; it helps the student to adjust more readily to a new service; it gives all the nurses a better understanding of the special nursing care required by the conditions of every patient on the ward. It may be conducted by first offering a short prayer; reading of the night report with emphasis on special problems of nursing care; planning of the day's work; brief topical presentations and discussions.

Misuse of the morning conference may come about as the result of a detailed night report which becomes tedious routine for both the reader and the listeners; too much time being taken for the assignments for the day when those could easily be posted; suggestions for nursing care, or other work to be accomplished, given in the form of exhortation or warning; lack of active participation on the part of the students; conferences not held regularly; little or no immediate preparation (lesson planning) on the part of the supervisor or the head nurse.

The following suggestions indicate means for making the conference more useful: a shorter night report and a more intelligent interpretation of it, so that it may be of more value to the group; active participation on the part of the students by means of questions and discussions; special preparation on the part of the students and the head nurse for every conference held; more constructive criticism; topics should be selected for discussion which are directly connected with the nursing care being given, or with a problem pertaining to the ward situation.

The bedside nursing clinic is a method of teaching in which a patient s taken as the center of observation and study. It is given to a group of students and the discussion stresses the problems involved in nursing care; the patient may or not be present. The value of the clinic is that it is a means of correlating theory and practice; it brings before the group various nursing problems connected with the condition of the patients, their treatments and special care and needs; it offers the nurse an opportunity to study the patient from the various points of view: physical, psychological, moral, and social; it is a means of improving the nursing care by maintaining an active interest in the individual patient. The attending physician (or intern) gives a brief lecture on the patient selected; this includes symptoms, diagnosis, treatment and prognosis. The topic should be adapted to the students' needs. The supervisor or the head nurse then continues with a discussion of the nursing care. Emphasis is placed upon the purpose of the treatment ordered and special care given; individual differences in patients are brought to the attention of the nurses; consideration of the patient as a person is stressed and health instruction is considered. The students may contribute information, especially if the topic is posted in advance and assignments are given. One student may be responsible for the patient's history; another for the treatments ordered; a third for the nursing care and special observations made; a fourth for the preventive measures and health teaching.

Misuse of the clinic method will occur if there is too much emphasis upon topics that mostly concern the physician, or if the presentation of the subject is made in a purely theoretical manner without much application to the patients. Unusual cases, presenting very few nursing problems, and lack of active participation on the part of the students are other examples of misuse, as are discussions allowed to take place at the bedside of the patient, or the exclusive use of the clinic method of teaching.

It is suggested that there should be emphasis upon nursing care; observation of the patient should precede or follow the clinic; careful preparation on the part of the supervisor and students is necessary.

Correlation of Classroom Teaching and Clinical Experience

ELSIE ALLDER

Instructors in the art of nursing are always concerned as to how to co-ordinate more closely classroom instruction with actual ward experience. The benefits of better co-ordination are so obvious they need not be repeated and I shall just mention six methods which we are using to try to obtain these benefits. May I first explain the terms I am going to use in speaking of those who help with the teaching programme? The term supervisor, with us, means a member of the training school office staff who supervises certain wards — each of these wards having its own head nurse. There are two of these supervisors. The medical supervisor supervises three medical wards, one otolaryngological ward and the children's ward, each of 30 beds. Her duties in the training school office are rotation of the students and teaching the medical nursing classes. The surgical supervisor supervises the urological ward of 43 beds, and two surgical wards each of 30 beds. Her duties in the training school office are checking of requisitions for ward supplies and equipment from all wards; entering and filing ward reports of student nurses, and teaching the surgical nursing classes. With us, the term head nurse means a graduate nurse in charge of one ward only.

There must be complete co-operation between instructors, supervisors and head nurses in order to get the best results for the student nurse, and I am happy to say that we have this co-operation. In connection with supervision on the wards, I would like to stress the value of having the science instructors, as well as the nursing arts instructor, supervising the students. We feel that their contribution is of great value in co-ordinating the principles underlying treatments with the results expected and obtained. For example, in supervising application of dressings to a wound who, better than the science instructor, can emphasize to the student the connection between her instruction in bacteriology and the aseptic technique now being carried out to prevent infection? Or again, in the pouring of medicines, the timely questioning by the instructor who has taught materia medica as to the purpose for which the medicine is given, as well as the correct dosage, must surely emphasize the connection between what has been taught and what the student is now actually doing for her patient. The night supervisors are becoming more conscious of their share in the teaching of students, and are most helpful in this important co-ordination.

Nursing clinics are given by the nursing arts instructor, the surgical and medical supervisors and head nurses. These clinics are given to either small or large groups of students and I feel that no opportunity for teaching on the ward should be lost. Clinics are given to small groups who can be got together quickly to see some condition of interest, rather than losing this opportuniy waiting for a time when it is convenient to have an entire class present.

In my capacity as director of the teaching department I have two assistants, one of whom teaches the sciences.

The other instructor teaches personal hygiene, hospital housekeeping and materia medica to preliminary students and assists with their nursing practice periods. I teach nursing principles and practice, including bandaging and history of nursing, to preliminary students. I also teach advanced nursing to junior students and proctor lecures given by doctors. The teaching schedule is so arranged as to provide for each of us to spend certain hours in supervising on the wards.

Among the methods which we use is having a patient, wherever possible, in the demonstration room or in the ward, upon whom to demonstrate a procedure such as making a bed with a patient in it; giving a bed bath; applying fomentations or hot dressings. Supervision on the wards is given as soon as possible after the procedures have been taught in the demonstration room. In the teaching department, we have a record of the different treatments or procedures which have been taught to a certain class of students. Each instructor and supervisor takes certain wards on which to supervise these treatments. (This is in addition to routine supervision of nursing care on the wards.) This important co-ordination is greatly facilitated by conferences held between instructors and supervisors at the beginning of the school year, and at different times during the year, as necessary. Conferences between instructors and head nurses are held regularly in order that the head nurses may know when certain students on their wards are prepared to give certain treatments and to discuss any problems regarding them. We get students together who are having morning hours so that they may attend a clinic at 10.30 a.m. These clinics are brief but helpful. Causes, prevention, treatment, nursing responsibilities and health teaching are all emphasized and summarized. The student thus gets by questioning and repetition, as well as by observation of the patient, a lesson on that certain condition or operation, which she does not easily forget. A clinic for even two or three junior students on one ward may demonstrate the morning care of a patient with a cardiac condition, or turning a post-operative thyroid patient, or making a fracture bed.

The juniors on one ward may be assembled at the bedside of a patient receiving morning care. The instructor assists the student nurse, emphasizing the important points in that care — turning, lifting, supporting the patient, arranging pillows, devices for comfort, etc. Clinics to large groups are arranged to be given to a definite class who are taking their lectures in some specialty such as medicine, surgery, urology, paediatrics. At these clinics, a doctor, a dietitian and a social service worker often share in discussing the patient's condition and treatment.

Perhaps the best criterion by which we may determine the value of these clinics, is the response of the students to questions, and their part in the discussion. Teaching must not be didactic and one must be assured that the student is realizing the connection between her classroom instructions and the situation before her. Clinics are also held on patients with a cardiac condition, anaemia, or pneumonia, and on patients who need post-operative care after gastrectomy, thyroidectomy, radical mastectomy, etc. These clinics are not given at the patient's bedside; discussion takes place in a side room or laboratory off the ward, or at the end of the ward, where no patient can hear what is being said. Having been instructed regarding important points to observe, the students are then taken to the patient's bedside. Depending upon the patient's condition, the instructor asks questions and points out to the

students anything important such as colour, tremor, or emaciation. The patient is thus not exhausted or distressed in any way. Because of our supervision on the wards, we know the patients and therefor have an easy approach to them. As a general rule, they are glad to help in this way and do not mind having a group of student nurses around the bedside. Because we know what is going on in the wards, we can explain questions more intelligently. The students who attend these clinics are enthusiastic about them, and one notices an added interest in the patients under their care. A record is kept of attendance, and clinics given in the morning are repeated to night nurses before 7 p.m.

After the morning report, and before the routine of the day commences, the head nurse discusses with her students the condition or operation of one patient on the ward. (There may be three or four other patients on the ward with the same condition, or who have had the same operation.) The head nurse leads the discussion, but all students take part and both ask and answer questions These conferences take ten to fifteen minutes each morning. They are sometimes given every morning until one subject has been completed, or every morning in the week.

The head nurse has a conference with each new student sent to her ward at some time during her first day on the ward and again at intervals as necessary and as possible. She explains to the student the condition of the patients assigned to her and the treatments prescribed for them. She questions the student regarding these treatments so as to be assured that she understands the purpose for which they are given and the methods of giving them. A "patient study" is valuable if written under the guidance of the instructor or supervisor and in connection with some patient whom the student is nursing. Perhaps it is most helpful in connection with medical and surgical lectures and the nursing classes which the student is attending. This study should not be (as some are) a copy of the interne's case history.

These, then, are some of the methods which have helped us. We do feel that our efforts have not been in vain, and that the students are giving better and more intelligent nursing care to their patients.

Editor's Note: Following Miss Allder's address, the following contribution to the discussion was offered by Miss Marion Myers, instructor of nurses in the School of Nursing of the Saint John General Hospital.

In discussing the correlation of classroom teaching and clinical experience, I am making my approach from the angle of the "one instructor school" with a correspondingly small personnel to do clinical teaching. In such a school, we usually find that the instructor has little or no time for teaching outside the classrooms, while the supervisors and head nurses are often one and the same person and have the twofold responsibility of administration and teaching, the former presenting the more immediate problems and consequently claiming first place. We all realize that the teaching programme in the clinical field is the very life blood of our educational system but, in spite of this recognition, co-ordination of ward and classroom still remains the weakest link in our teaching programme and especially so in the type of school I am trying to present. In carrying out the methods outlined by Miss Allder we recognize these important factors: good planning and system; the valuable contribution which only those associated with patients are able to give; understanding and appreciation of the inter-relationships and responsibilities of each department; sufficient staff.

In the case of the "one instructor school", I see the head nurse as the only link with the instructor in making any sort of co-ordination possible and I shall briefly refer to the relationships, as I have met them, between her and the instructor. The head nurse is often a very good nurse with perhaps a flair for administration. She knows and is interested in her patients and has much to contribute. On the other hand, she frequently has little interest, sympathy or experience in teaching. To her, that is the work of the instructor. She is inclined to think of students in terms of what they can give rather than what they are to receive.

Co-operation between the instructor and the head nurse requires frequent conferences with general plans made during the summer when the lecture programme is light. The head nurse should attend demonstrations, not only as a means of keeping her informed of teaching methods and proper techniques but because her suggestions are both valuable and acceptable. She is presented to the students as a teacher and they are more inclined to seek her help in the wards. By accepting her suggestions regarding procedures that frequently need revising, her interest is held. Rarely is one indifferent to what one has created. She should be kept informed regarding what students are expected to do and far enough in advance to plan the work. Consideration of the ward from the standpoint of the nursing load is essential—patients must always come first. Head nurses should proctor lectures in their specialty or related subjects; this gives them a responsibility to the student body and gives the instructor time for a ward visit.

The instructor may help the head nurse by having preliminary students especially well grounded in techniques before going to the wards where it is often impossible to supervise even the first performance; the use of students as patients wherever possible is good here. We have also found it well to make the ward contact early, this presents the relationship of the two departments and is stimulating to interest. When a thing is learned, it is natural to wish to put it in use.

Several days before a new class arrives, the head nurse is informed regarding who are coming and what they are prepared to do. Each student is assigned a convalescent patient and morning and afternoon care are their first nursing practices; as the instructor feels they are ready, the list of activities is added to. The instructor is usually able to spend some time in supervising and helping the students to make this new adjustment. A morning is often well spent on the wards when the instructor can supervise such treatments as baths, enemas, dressings, etc. This is a worthwhile demonstration period and, of course, should be planned with the co-operation of the head nurse.

The greatest difficulty in co-ordination seems to come after the students have passed the preliminary period, when they are more remote from the classroom and the work to be done is overwhelming. It is at this stage that the conference, clinic and case study circle bridge the gap if properly carried out. How adaptable are they to the type of school that I represent? Personally, I have found the large clinic and the case study difficult, but the small clinic, and especially the conference, seem to have many advantages. The conference is the method we have tried to use. The head nurse, in addition to her talk with all new students, endeavours to have one or more individual conferences of from ten to fifteen minutes each daily. She discusses with the student the conditions, objectives, treatments and reactions of the student's patients. This has advantages in that many students respond to this method better than with a group. They discuss what they are interested in at the time and they receive help and understanding relative to the immediate project. In addition to teaching, the head nurse knows her students better through these contacts and her later evaluation is more accurate. Conferences must be planned and records kept.

The instructor's conference is equally valuable because students usually discuss their problems freely with the instructor perhaps because they can more definitely define her part in the teaching programme. This is a relationship to be encouraged, especially where it is difficult for the instructor to spend much time on the wards. The

students, through their contact, bring the ward to her. A period each day should be set aside for this purpose so that all students are interviewed from time to time. The conferences might deal with adjustment to new situations; special types of cases; underlying principles relating to treatments; relationship of special lectures to cases. Material for clinics is often found in this way and, through the student presentation of patients and problems, the instructor often sees a definite situation where she may help, thus saving time as well as giving assistance where it is needed.

The clinic is an old and well tried method of teaching and no other system brings formal learning into closer relationship with the patient. For the successful clinic we require proper selection of the case, and understanding and study of the condition and treatment by the person giving the clinic. The students should be prepared to understand and associate by means of a previous lecture. Disturbing factors are the difficulty in getting a group of nurses together and in arranging for adequate space and sufficient time. The early afternoon seems a good time because nurses have returned from their morning hours, patients are less demanding, doctors' rounds are over, and visitors have not yet arrived.

Supervision is a type of co-ordination that requires less planning and can be carried out at any time with any student. In many schools, supervision needs to be built up as a more constructive and helpful instrument, rather than a sort of correction when procedures are not going well. The fact that a student carries out a technique correctly is not always a proof of her understanding but it affords an excellent setting in which to test her association of underlying principles. Examinations in nursing practice are much more satisfactory if taken on the wards and also serve as a link in the co-ordinating scheme. The morning circle lends itself well to all hospitals and has these advantages: the students are all on duty; the patients have received recent care by the night nurses; the students are more alert and receptive to learning than at any other time; the ward report has a definite relationship.

The methods of co-ordination will often have to be selected according to their adaptability to the individual school or department. But the vital link is a consciousness of the importance of the inter-dependence of the teaching departments and the wards by all members of the staff of a hospital associated with a nursing school.

Report of the Public Health Section

Culminating the activities of the past four years, during which time an intensive study was made of the existing minimum qualifications for employment in public health nursing positions, a report was submitted, and the following recommendations were unanimously adopted:

That we approve in principle the requirement that, in the future, all new appointees to public health nursing positions should have a certificate or diploma in public health nursing.

That we approve the principle of married nurses being given the same consideration in employment as unmarried nurses.

That during the war, we encourage those married nurses holding a certificate or diploma in public health nursing, to return to the public health nursing field rather than to have vacancies filled by nurses lacking special preparation for this field.

That in collaboration with the Public Health Nursing Section of the Canadian Public Health Association, an extensive program of education regarding the importance of the adequate preparation of nurses for public health positions be undertaken with lay boards or organizations, with health of-

ficers, with public health nurses themselves and especially with employees in industry.

That younger nurses who are now engaged in public health nursing positions, and who have not a certificate or diploma in public health nursing, be urged to qualify.

That staff education, including an introduction to the specific field and a well-planned programme for continuous education of the staff, be considered an important programme of every public health nursing organization.

That a committee composed of members from the Public Health Section of the C. N.A. and the Public Health Nursing Section of the C.P.H.A. working in collaboration, consider these recommendations regarding minimum requirements in the field of public health nursing for the years 1941-46, before they are finally adopted. Further, that the representatives to this committee be appointed by the two Executives and that the Executive of the Public Health Section of the C.N.A. be authorized to take the necessary steps to implement it.

That a representative of this Section be appointed as chairman of this special committee to consider these recommendations regarding minimum requirements and that she be empowered to select members from the Public Health Section. (Miss Florence Emory of Toronto, was appointed to act as chairman of this special committee.)

That this Section undertake a full study of the salaries of all nurses working in public health positions in Canada, this to include a study of the possibilities of pension and superannuation schemes.

A second study was referred to this Section by the Committee on Nursing Education of the C.N.A. This study was concerned with the standards for admission to courses in public health nursing. The Executive of the Public Health Section felt that the first step would be to determine the present standards for admission required by the various Universities in Canada and United States. Following the reading of the report at the Section meeting, this recommendation was adopted:

That this study be referred to the Provisional Council of University Representatives and that the chairman of the Public Health Section of the C.N.A. and of the Public Health Nursing Section of the C.P.H.A. be suggested as collaborators in continuing this study. If either or both chairmen are members of the Provisional Council, some other representative shall be appointed from the Section.

A request was received from one of the Provincial Public Health Sections that consideration be given to the possibility of correspondence courses in public health nursing being established to be followed by an intensive course at the University for the study of those subjects which do not lend themselves to the correspondence method. There was not sufficient time at the Section meeting to discuss the merits of this proposal and it too was referred to the Provisional Council of University Representatives, without recommendation from this Section.

The report of the Publications Committee, commenting on the development of the Public Health Page in *The Canadian Nurse* was received with enthusiasm. Suggestions were made for the types of material which would be of greatest value to public health nurses in Canada.

A well-attended luncheon was held between the morning and afternoon sessions of the Section at which Rev. Father Bouvier, S.J., of the school of Social Service of the University of Montreal, gave a most instructive address on "Social Problems in Industry". It is hoped that a copy of this material may be available for publication in the near future.

MARGARET E. KERR,
Chairman, Public Health Section.

REPORT OF STUDIES REGARDING MINIMUM REQUIREMENTS FOR EMPLOYMENT IN THE FIELD OF PUBLIC HEALTH NURSING

It will be recalled that at the last session of the Public Health Section, held in Calgary in 1940, definite recommendations for the further collaboration of this Section with the Public Health Nursing Section of the Canadian Public Health Association were adopted. The instructions given to the in-coming Executive at that time were to collaborate "in preparation and adoption of definite standards for the employment of public health nurses". It will be realized that this assignment was somewhat broader than the study of minimum qualifications only, and has been so interpreted by the Executive which has acted as the core committee approved in the second recommendation.

During the period of 1940-41, it was decided to continue the study of minimum standards by a consideration of the question, "How many nurses with public health training could be absorbed in each province annually in order to meet the requirements of established services?" In order to answer this question, it seemed necessary to secure information as to, first how many nurses were being graduated each year from the various universities providing courses in public health nursing, and second, how many nurses were being absorbed annually in each province, and of these how many were fully qualified as public health nurses.

In studying the first question, the co-operation of the six Canadian universities maintaining schools or departments of nursing for the training of public health nurses was secured, and the results of the study were published on the Public Health Nursing Page of *The Canadian Nurse*, June 1941.

This study indicated two things in particular. First, that, in general, over a period of five years, the facilities available for the training of public health nurses were not used to their maximum extent. In other words, there always has been a gap between the maximum number of students the universities were prepared to enrol, and the number actually in attendance. This would seem to indicate a need for greater effort on the part of all public health nurses, organizations employing public health nurses, and associations, to encourage more graduate nurses to avail themselves of the postgraduate opportunities provided. It points, too, to the importance of establishing scholarship and loan funds to assist nurses who are interested in securing full qualifications but who are unable to finance the project alone.

This study also revealed that there was a considerable tendency on the part of the graduates of these public health nursing courses to accept employment in the province in which they had secured their training, rather than to return to their home province. Since courses are available at the universities in only four provinces, it is reasonable to assume that the remaining five might experience some difficulty in securing the services of qualified public health nurses. This assumption was borne out in a later study. A report of the findings in the second question was published on the Public Health Nursing Page of *The Canadian Nurse* in January 1942.

On the basis of the figures obtained in these studies the Executive prepared an outline for the Provincial Sections to use in considering the minimum qualifications for the employment of public

health nurses which were outlined and adopted by the Public Health Nursing Section of the Canadian Public Health Association. These minimum qualifications are presented and, in reviewing them, the replies to the questions asked in the study outline received from the Provincial Public Health Nursing Sections are summarized for your consideration:

Academic qualifications for staff nurse, supervisor, assistant director and director should be Pass Matriculation, and higher educational attainment is desirable. Personal qualifications should include good physical health, pleasing personality, emotional stability, and sound character; good judgment; an enquiring mind; an understanding and sympathetic interest in people; ability to get along with people; a well-developed sense of responsibility; resourcefulness; tenacity of purpose with ability to compromise and not to antagonize; dependability.

Applicants for positions as staff nurses should possess the following professional qualifications:

A diploma in nursing from a recognized hospital or university school of nursing.

A certificate or diploma in public health nursing from a recognized university school or department.

The applcant should be registered in the province or state where her training was received and should be eligible for registration in the province where employment is sought.

Preparation for the field of public health nursing should be secured through from two to three years of study in a hospital school of nursing followed by one year of special preparation in public health nursing or a well-integrated training of between three and four years with emphasis upon preventive teaching throughout, and including specific teaching in organized public health work.

Some contact with community health services in each of three years of undergraduate training.

A minimum of three months of practice work including experience in municipal health department practice and visiting nursing: preferably experience in a rural field should be added.

The basic professional qualifications for a supervisor are the same as for a staff nurse. In addition she should have a minimum of from two to four years of diversified experience and at least one of these experiences should have been with a public health nursing agency where adequate supervision is provided. She should have a technical knowledge of the specific field to be supervised and special training in the field of supervision (both theoretical and practical) is desirable.

The assistant director should possess the professional qualifications outlined for a supervisor, together with satisfactory supervisory experience, preferably with more than one organization. Additional postgraduate experience is desirable, and she must have a technical knowledge of the specific field. The director should possess the professional qualifications as outlined for a supervisor as well as supervisory experience, preferably with more than one type of public health organization. She should possess marked administrative ability and should have taken additional postgraduate work.

Replies given by the Provincial Public Health Sections to the following questions are significant:

Do you feel that it is too soon to introduce this requirement of a certificate in public health nursing as a standard for all of Canada?

All provinces were agreed that theoretically it was an ideal standard. Manitoba and New Brunswick felt the time was not ripe to require it. Alberta felt that such a requirement could not be enforced with the present wartime shortage of nurses. We must bear in mind that we are building for the future, however, and set our standards accordingly.

Should we accept this requirement and attempt to enforce it?

British Columbia and Ontario gave an emphatic "yes". Prince Edward Island also would institute this requirement for all new staff nurses. The other provinces felt it was impossible to enforce it though every effort should be made to encourage its acceptance. Since we in the Section do not have the authority to enforce any such requirement, if we approve the principle, it will be incumbent upon each one of us to encourage its adoption by local and provincial organizations.

What factors would hinder this enforcement in your province?

Curiously enough, almost all the difficulties seemed to be focused on the problem of nurses securing postgraduate training, rather than the need for educating lay boards or organizations to demand the fully qualified worker. Quebec, New Brunswick and Nova Scotia indicated that the employer's lack of understanding of the value of properly trained personnel was a factor, but the chief difficulty seemed to be the inability of the nurses to finance such courses. Manitoba commented on the accessibility to universities providing public health nursing courses. Perhaps the first approach by this Section should be to seek the establishment of standardized courses in every provincial university.

Would financial considerations, both from the point of view of the employing agency and the nurse, be vital factors in many communities?

The majority of the provinces replied in the affirmative since higher salaries would be demanded by fully qualified nurses. Alberta states, however, that there is practically no difference between the salaries paid to public health nurses and those nurses without special training. A full study of the salary situation would be a very worthwhile project for this Section to undertake.

Where does stress need to be placed in order to achieve this objective: (a) *with lay boards of organizations*, (b) *with health officers*, (c) *with employers in industry*, (d) *with public health nurses themselves?*

The feeling was unanimous that all groups mentioned were in need of education. Ontario felt the greatest effort should be made with employers in industry. Our study of the industrial nurses indicated that of 187 who were employed in 1940 only 14 or 7.4% were fully qualified public health nurses. Since there was common agreement that even the public health nurses themselves needed to be aroused to an appreciation of the value of public health training, an extensive programme to include all of the above-mentioned groups should be undertaken by this Section.

How can we proceed to educate these groups to the desirability of this standard?

First, by being very sure ourselves of its merits. You cannot sell a product effectively if you do not believe in it yourself. Suggestions were made for regional conferences of lay boards, where authoritative reports might be given showing the economic, social and educational value of the services of qualified public health nurses. While some plan of this kind is followed by such national organizations as the Victorian Order and the Red Cross, few efforts have been made to sponsor such institutes for lay boards in general. The Proposed Curriculum for Schools of Nursing outlines a course in Community Health and Social Needs which provides an avenue for a qualified public health nurse to reach the student nurses as they approach graduation and educate them as to the value of properly qualified personnel in the community services. Other suggestions included such programmes as

providing refresher courses; providing summer sessions at the universities where nurses might secure credits leading to their certificate during their vacation period; increased provision of bursaries and loans; promoting study groups through the provincial sections to stimulate local interest; increased use of well-stocked lending libraries; correspondence courses from the universities in lieu of full attendance for the theory; exchange of nurses between staffs in university and non-university centres to facilitate courses of study on a part-time basis.

With employers in industry, it was felt that direct contact should be made by well-informed representatives of each provincial public health section. The utilization of the services of fully qualified public health nurses who would strive to maintain the health of the workers so that their efficiency is increased could be urged in these interviews.

If these minimum qualifications become effective what steps, if any, should be taken concerning the nurse already employed in public health work but who has not a public health certificate?

It was the concensus of opinion that the younger group of nurses should be urged to qualify, being given leave of absence for this purpose. Some provinces suggested a maximum of two years' employment for unqualified nurses after which they should be required to take a course. For all of these nurses, in-service training was considered a requisite.

Should any special consideration be allowed her by the university at which she may take a public health course?

Certain field work credits might be allowed providing the service from which the nurse came had maintained a standard of work which could be evaluated. It was felt that the theoretical part of the course should not be curtailed. There was a suggestion that for older nurses some special consideration might have to be made on the basis of educational requirements for admission to the university.

Should the age of the nurse be a factor in determining the policy of the employing agency in requiring its nurses to become fully qualified?

Unanimous approval was given to this question, especially for the older women who may be nearing the age of retirement. It was emphasized that chronological age should not be given as much weight in such decisions as the number of years of experience.

Should the minimum personal qualifications be the same whether a nurse is working alone or as a member of a staff? What further qualifications should the nurse working alone have?

These personal qualifications are desirable in both cases, but the nurse working alone should be more mature, with greater qualities of leadership and executive ability, and greater development of her powers of judgment. One very important point that is well worth inclusion was mentioned by Manitoba — "ability to sustain her enthusiasm".

In the event of a shortage of public health nurses, should fully qualified public health nurses who are married be employed?

The replies were all in favour of this plan, though with certain limitations. Alberta feels if there is a shortage of public health nurses only, others should be encouraged to fill these positions with the understanding that they would take postgraduate work later. British Columbia suggested that employment should cease as soon as the shortage could be met by unmarried qualified nurses. Manitoba and New Brunswick felt the personal responsibilities of the married nurse should be considered. Nova Scotia felt that training of new personnel was

too expensive. Ontario and Quebec felt the married nurse was emotionally more stable and better able to adjust than the unqualified nurse. Prince Edward Island stated the married nurse must not have been inactive for longer than five years.

Should some additional training or experience in teaching, over and above the instruction and practice provided for in university public health courses, be instituted?

In general, it was felt the theoretical background provided was adequate but greater attention should be given to the practical application to every teaching situation, especially in the home visit. More practically experience with talks to adult groups was urged.

Should some special effort be made to encourage nurses who have had previous experience as school teachers to enter public health work?

The replies to this question were varied and interesting, ranging from a whole-hearted "yes" to "not necessarily, some teachers make poor public health nurses". Other provinces reported that, other things being equal, the public health nurse with a teaching background was a success, but, in the long run, it depended upon the individual. The most amusing of the replies read "in reaching this goal of increased requirements we must be careful lest we find ourselves with an over-educated group of old maids".

Should some minimum qualifications in regard to teaching ability be included? If so, what would you suggest?

While only one province felt it was unnecessary to include teaching ability as a qualification, all found it difficult to make concrete suggestions regarding a definite form in which the qualification should be stated. It was urged, however, that a satisfactory standard curriculum of public health nursing courses be drawn up and used by all universities in Canada providing training for public health nurses, this to include instruction in how best to plan and organize work and to adapt methods to individuals and group teaching.

MARGARET E. KERR
Chairman
Public Health Section

STANDARDS FOR ADMISSION TO COURSES IN PUBLIC HEALTH NURSING

At an Executive meeting of the Canadian Nurses Association held in January 1942 the following recommendation was made: "In view of the impetus which may be given to public health nursing by the war, it is recommended that the Executive Committee of the Canadian Nurses Association should ask the Committee on Nursing Education of the Canadian Nurses Association immediately to study and formulate standards for the training of public health nurses". As the Public Health Section was already studying qualifications for public health nurses this recommendation was referred to our Section.

The Executive of the Public Health Section felt that the first step in this study would be to determine the present standards for admission to courses in public health nursing. Accordingly letters were sent to the directors in uni-

versities offering such courses in both Canada and the United States, asking for their syllabus and also requesting information on any special courses which may have been instituted in order to prepare public health nurses in a shorter time to meet the increasing shortage of trained personnel. Letters were also sent to the various Foundations and Loan Funds asking for the standards which are set for applicants. The following report is based on the replies received:

Loan Funds and Scholarships: Replies were received from eight Foundations or Associations offering scholarships or loans. All required the applicant to be a graduate of an accredited school of nursing and that she be registered in the state or province from which she came. Most require that the applicant have from one or two years' experience in some field of nursing. Two request a satisfactory health certificate.

Universities: In reviewing the information received from departments in universities offering courses in public health nursing, the statements regarding eligibility for entrance to the course were considered under the following headings: age of applicant; preliminary education; hospital background; registration; personal and other qualifications.

Replies were received from nineteen universities in the United States. Many offer both the certificate and the degree course, while some offer only a course leading to a degree in public health nursing. No age limit is stated by any university. The applicant must be a graduate of an accredited high school. Some universities stipulate certain subjects which must be taken in high school. Although not stated by all, since these courses are approved by the National Organization for Public Health Nursing, it is taken for grandted that applicant must be a graduate of an accredited school of nursing connected with a hospital having a daily average of 100 patients. Registration in the state of the student's residence, or in the state in which the course is being taken, is required. Several universities specify definite qualifications, such as an interest in and ability to work with people; good physical health and emotional stability; initiative, good judgment, resourcefulness, personal fitness for public health nursing.

Replies were received from six universities in Canada. Three offer courses leading to a degree as well as the certificate course. One offers a combined course in hospital and public health nursing. One university indicated that applicant should not be over 35 years of age when entering the school, another that applicant should not be more than 35 years of age unless already engaged in school or public health nursing. Three universities do not indicate any age limit. Five universities require pass or junior matriculation and one senior matriculation. Although not stated by all, it is taken for granted that applicants to all courses must be graduates of approved schools of nursing. Some state that applicants must be registered in the province or country from which they come and others ask only that applicant be eligible for registration. No personal qualifications are stated. One university asks for a certificate of health; another asks for a certificate of medical examination and of successful vaccination within seven years or of insusceptibility to vaccine within five years; another asks for a certificate of good health and a report of a recent x-ray of the chest.

From the replies received to questions regarding special plans for perparation of public health nurses to meet shortage of trained personel, it was learned that in the United States many universities

are endeavouring to speed up their training in such ways as the following:

Repeating many courses that ordinarily would not be repeated, thus allowing a student to come in for a shorter period than was formerly possible and also allowing a student to enter at any quarter of the year and to be sure of a well-balanced programme.

Offering a full semester of work during the summer session instead of the usual six and eight week courses.

Changing from a semester to a trimester basis, thus with more frequent repetition of the courses included enabling nurses to complete their programmes more rapidly.

Increasing enrolment.

Arranging with field agencies to take students during the summer months.

Admitting an extra class one month later than the usual registration.

In order to meet the problem of staffing local public health nursing agencies, one university is selecting a few students who have excellent professional backgrounds and who have completed the theoretical part of the public health nursing course, and who give promise of development, for a year's generalized experience under supervision in well-organized public health agencies. These students join the staff and are paid the usual salary of a new nurse. They are given every opportunity and experience that the agency offers, and they agree to stay one full year. The university does not give them their credits for their work until they have completed the year of work with the agency. This takes the place of the regular three months of field work. One university reports the addition of a special night course for nurses in industry and the nurses from local public health associations who may help in carrying the industrial nursing programme. Another university has set up refresher courses which extend through one quarter and provide for the re-training of public health nurses who have been out of the field for some time. In this plan the nurses take the standard basic courses and in addition carry a supervised reading programme.

In Canada three universities stated that they have made plans to increase their enrolment, but no definite statements were made in regard to any further plans to prepare public health nurses in a shorter time.

It is recommended that a special committee be appointed by this Section of the Canadian Nurses Association and the Public Health Section of the Canadian Public Health Association to collaborate with the universities sponsoring courses in Public Health Nursing, for the study of existing courses and for the formulation of standard curricula.

MARGARET E. KERR
Chairman
Public Health Section
Canadian Nurses Association

RAPPORT DE LA SECTION D'HYGIENE PUBLIQUE

(section française)

Nombre d'infirmières-visiteuses: Donner une idée exacte du nombre d'infirmières engagées en hygiène publique est assez difficile, car les infirmières ne sont pas toutes fidèles à remplir et à retourner à notre registraire la formule destinée à nous renseigner sur l'emploi de chacune d'elles. Nous pouvons dire que nous comptons présentement dans la province 681 infirmières visiteuses ou hygiénistes, Melle Upton, en 1940, rapportait que 566 infirmières appartenant à notre section étaient réparties ainsi: dans

les organisations officielles — 246, dans les organisations privées — 225 (sont comprises aussi parmi ces organisations les infirmières du V.O.N. et de l'Assurance-Vie Métropolitaine), dans les industries — 72, engagées en tuberculose seulement — 23. En 1941, nous trouvons que les infirmières au nombre de 681 se rencontrent dans les organisations suivantes: organisations officielles, 295; organisations privées, 258; industries, 103; en tuberculose, 25. L'augmentation notée de 1941 sur 1940 est-elle réelle ou est-elle due simplement à une meilleure classification? De 681 infirmières visiteuses, en ne tenant pas compte de celles qui travaillent dans les industries, nous croyons qu'environ 425 sont de langue franaise et que 136 d'entre elles ont leur diplôme en hygiène publique, ce qui fait un pourcentage de 32%.

Activitiés de la section: Le Comité a tenu en 1940 cinq assemblées de l'Exécutif et 5 assemblées en 1941. Nous avons tenu également une assemblée générale de tous les membres en 1940. Nous avions à cette assemblée une conférence sur l'hérédité et les lois de Mendel. A l'assemblée générale de 1941, nous avons eu une conférencière de la Commission des Prix en temps de Guerre, qui nous a renseignées sur le devoir des citoyennes, concernant le plafond des prix. Mlle Suzanne Giroux, co-aviseur de l'Association des Gardes-Malades du Canada, est venue nous expliquer les problèmes urgents du nursing.

En vue de collaborer et de seconder les efforts de nos gouvernants, le Comité a offert à ses membres quelques cours sur la nutrition. L'inscription à ces cours fut de 270. Avec les bénéfices réalisés par ces cours et ceux donnés en 1940, la section française offre deux bourses de $100 aux infirmières qui désirent faire des études en hygiène publique. En 1940, une infirmière de l'Assistance Maternelle a bénéficié d'une de ses bourses et suivit le cours de l'Ecole d'Infirmières Hygiénistes de l'Université de Montréal.

La section a enquêté, comme d'ailleurs il a été fait dans les autres provinces, sur le nombre d'infirmières engagées en hygiène publique et sur leurs qualifications. A une assemblée conjointe de membres de langue anglaise et de langue française, il y eut une discussion sur les moyens à prendre afin de mettre en pratique les recommandations de la section du nursing de l'Association Canadienne d'Hygiène publique. Rapport de ces deux études fut envoyé à l'exécutif. Deux membres de notre section ont écrit en collaboration un article sur ce qui se fait en hygiène dans nos familles canadiennes-françaises à Montréal.

Amélioration et expansion des services d'Hygiène: Les services d'infirmières dans les industries a pris ces années dernières beaucoup d'expansion; quoique nous ne pouvons pas donner de chiffres exacts, nous avons l'impression qu'il y a une augmentation assez notable. Au Ministère de la Santé, nous sommes heureuses de faire remarquer que les infirmières des centres de colonisation ont pu bénéficier d'une série de cours sur les problèmes à résoudre dans ces régions. Les maladies vénériennes ont maintenant dans la province combat à livrer avec les enquêteuses. Le gouvernement passait la "loi des maladies vénériennes" le 20 mars 1941. Depuis des Services Sociaux furent organisés dans plusieurs centres. Les infirmières, avant d'assumer leurs fonctions, ont reçu des cours spéciaux sur les moyens de faire le dépistage et le "follow-up" des cas.

Au Service de Santé de la Ville de Montréal, la tendance est que les infirmières hygiénistes fassent du service généralisé, exception faite des soins au chevet. Ces changements, sans doute une amélioration, sont survenus à la suite de la division de la Ville en districts sanitaires.

Faits à souligner: Depuis la Convention de Calgary, plusieurs faits démontrant progrès dans le domaine de l'hygiène publique méritent mention. Le Congrès de l'Association Canadienne de l'hygiène publique a tenu ses assises dans la vieille capitale de Québec. Celles qui ont eu l'avantage de s'y rendre ont apprécié l'hospitalité franche et sincère des Québecois. Deux séances à ce Congrès furent spécialement consacrées au nursing; des travaux très intéressants furent présentés surtout par les infirmières du Ministère de la Santé. Un rapport volumineux des séances des diverses sections fut publié par l'Association.

Les infirmières de l'hygiène publique ont répondu avec empressement aux désirs de l'Association des Gardes-Malades du Canada et un grand nombre ont suivi les cours en secourisme; plusieurs surveillantes et directrices ont reçu le diplôme d'instructeur en secourisme. Les médecins et les infirmières du Service de Santé de la Cité de Montréal ont donné, sous la directive de l'Ambulance St-Jean, des cours aux élèves des 8, 9, 10, 11 et 12ième années, des écoles de la métropole.

Université de Montréal: Nous croyons qu'il est intéressant de noter les changements survenus à l'Ecole d'Infirmières Hygiénistes de l'Université de Montréal. Cette école, connue autrefois sous le nom "d'Ecole d'Hygiène Sociale Appliquée", fondée et dirigée par M. le docteur J.-A. Baudoin, est maintenant sous la direction immédiate d'une infirmière. La directrice intérimaire actuelle partage son temps entre le Service de Santé et l'Ecole, mais dès l'année 1942-43, une directrice permanente, dûment qualifiée, en assumera les fonctions. Ce changement est survenu à la suite d'une réorganisation de l'Ecole. Cette réorganisation fut suscitée par la visite de Rév. Soeur Olivia Gowan, doyenne de la Faculté du Nursing, Université Catholique de Washington et présidente de "Association of Collegiate Schools of Nursing" et de Mlle Mary C. Connor, secrétaire du programme d'éducation de "National Organization for Public Health Nursing". Les directives de ces deux distinguées visiteuses sont suivies à l'Ecole. Il est à désirer que l'Ecole continue de progresser et que dans un avenir rapproché toutes les infirmières de langue française soient munies du diplôme hygiéniste.

En terminant mon rapport, je tiens à souligner tout le plaisir et la satisfaction que j'ai éprouvés à travailler avec les membres de l'Exécutif de l'Association des Gardes-Malades du Canada et de l'Association des Gardes-Malades Enregistrées de la Province de Québec. L'intér|t et la collaboration apportés par les membres de notre Comité aux questions intéressantes de nursing confirment que les infirmières ne restent pas indifférentes à l'avancement et au progrès de leur profession.

A. MARTINEAU, G.M.E.
Convocatrice

Report of the Hospital and School of Nursing Section

I have the honour to present the report of the Hospital and School of Nursing Section, Canadian Nurses Association, for the years 1940-1942. Two executive meetings were held but the work of the section has been carried on largely through correspondence. The first meeting of the Executive was held in Montreal in November 1940; Miss Thelma MacKenzie was appointed convenor of the Committee on Instruction and plans for Section activities were discussed.

In February 1941 the convenor wrote to all provincial convenors suggesting topics which seemed to merit special study by all members of the Section. These topics included:

The Curriculum Supplement on clinical teaching, its study and distribution.

The probable shortage of nurses due to war conditions and means to combat this.

Consideration of the possibility of preparation and employment of graduate nurses as clinical technicians, due to a shortage of internes, and the probable effect of this on nursing.

The general duty nurse: her importance to the hospital and her development for greater responsibility with a corresponding improvement in her status.

These points have been and will con-

tinue to be of major importance to all nurses particularly to those in hospital work.

A second Executive meeting was held in Ottawa in September 1941. At this meeting the resignation of Mrs. Tripp (Miss Thelma MacKenzie) was accepted with regret and Miss Miriam Gibson, Toronto, was appointed to succeed her. Two important decisions were made at this meeting: (1) the initiation of "A Page" in *The Canadian Nurse;* (2) a study of Registration Examinations.

Encouraged by the editor, and by promises of support from the provinces, it was decided, with some trepidation, that the Section undertake to sponsor "A Page" in *The Canadian Nurse.* In doing this we were following the excellent example of the Public Health Section. Miss Gertrude Ferguson, Ottawa, was appointed convenor of publications for the Section. Miss Ferguson's report will be presented but the Executive of the Section would like to take this opportunity to express keen appreciation of the interest which has been shown in this project by all provinces. We shall follow the development of our infant with much interest and are happy to know that articles are on hand for the present and that a number of others are in process of preparation.

The lack of uniformity of subjects and methods of conducting provincial registration examinations was discussed and a fact finding committee was appointed, convened by Miss Gibson, to make an exhaustive study of present practices in all provinces. Later, the Committee functioned under the Committee on Nursing Education of the Canadian Nurses Association and a report has been prepared for presentation.

War conditions have imposed many additional demands on nurses but, as is usual in times of stress, everywhere, there is evidence of greater interest and effort which promises well for the future. This is well illustrated by the reports of provincial sections. Study groups are being organized throughout Canada and these are concerned with such aspects of nursing as:

Improvement of clinical teaching through better methods and better preparation of staff nurses. This is the result of interest aroused by the Curriculum Supplement and by refresher courses. The refresher course, "Better Nurses Better Nursing", given by Miss Lindeburgh is enthusiastically referred to in more than one report.

Improvement of examination both in schools of nursing and for registration. Types of questions, rating scales, text books, etc., are being reviewed.

Post-graduate courses to prepare nurses to fill the gaps constantly being made by the demands of military nursing, nursing help to other countries and by marriage.

Refresher courses both for active nurses and for nurses who have been out of active service for some time and wish to prepare themselves for present or future emergency calls.

Centralized preliminary teaching to improve the quality of instruction especially for the schools where facilities are limited and instructors few.

War services work of all kinds but more particularly attending or teaching first aid and air raid precautions classes.

Items from the provincial reports deserve special mention here. In *Alberta* the instructors group is very active, meeting monthly except during the summer months and instructors from smaller centers find ways of attending. In *British Columbia*, contact has been made with Girls' Counsellors of the Vancouver High Schools. The pos-

sibility of short courses in hospital administration, teaching and supervision is being studied. In *Ontario*, a number of new instructor groups is being formed for detailed study of the Curriculum Supplement. Consideration of centralized preliminary teaching, especially for the science subjects, is proceeding. There is an increase in the number and variety of refresher courses. In *Saskatchewan*, a study of the Curriculum Supplement is being made by assigning certain parts to each sub-section of the province. A report has been made of the findings and recommendations. A revision of the minimum Curriculum has been completed and refresher courses for inactive nurses have been held. In *Manitoba*, the production and use of suitable films for teaching in Schools of Nursing was recommended following an experimental showing of both sound and silent films. Of outstanding interest is the successful organization of a course for head nurses in ward administration and teaching. One class a week was held from October to April with a short Christmas recess. The course finished with an Institute conducted by Miss Ida MacDonald, University of Minnesota. The attendance averaged forty and the results were thought to be most satisfactory. Meetings of instructors were utilized for demonstrating and evaluating methods of teaching with a view to standardization. In *Nova Scotia*, the improvement of educational entrance requirements, through contact with High Schools has been effected. The establishment of a loan fund by some Schools of Nursing has stimulated post-graduate study. First aid and home nursing have been added to the Curriculum. Following a visit from Miss K. W. Ellis, nurses representing 18 hospitals from all parts of the province met for a conference on hospital nursing service. In *Quebec*, there has been intensive study of the Curriculum and a revision of the by-laws of all Sections has been completed. Refresher courses were held for the Public Health Section (English) and special techniques were demonstrated. In *New Brunswick*, study groups were formed throughout the province for the study of Curriculum Supplement. A refresher course given by Miss Lindeburgh was held at Saint John at which each school in the province was represented by two staff members. A yearly scholarship for a university post-graduate course continues to be given by the Provincial Association. In *Prince Edward Island*, improvement is noted in Registration Examinations and the nurses are very active in war service.

BLANCHE ANDERSON,
Chairman, Hospital and School of Nursing Section.

Report of the General Nursing Section

One executive meeting of the Section was held and the remainder of the work has been carried on by correspondence. It was necessary for the executive to appoint a vice-chairman, in the person of Miss W. K. Brown, Wolfville, Nova Scotia and a second vice-chairman, Miss Pearl Brownell, Winnipeg, Manitoba.

The General Nursing Section now sponsors a quarterly page in *The Canadian Nurse*. The publications committee has functioned faithfully. Great credit is due the convenor, Miss Helen Jolly, for

her untiring efforts. Educational projects have been carried on as will be seen in the provincial reports, a brief summary of which is herewith set down.

British Columbia: The establishment of a Nursing Bureau is under consideration in Vancouver. Employment has been brisk.

Alberta: Educational programmes are regularly arranged. There is a periodic shortage of private duty nurses and difficulty in filling general duty calls. Practically all nurses have taken first aid and A.R.P. courses.

Saskatchewan: Considerable work has been done on registry re-organization. In some places practical nurses have been permitted to register on the professional registry. Married nurses are being brought back into the field in order to take care of the need. One registry extends equal privileges to married and single nurses alike, while another calls them only when single nurses are not available. There has been an abnormal demand for general duty nurses for smaller hospitals. They have not all been filled. Refresher courses have been arranged.

Manitoba: Calls for private duty nurses have been adequately taken care of but great difficulty is experienced in obtaining nurses for general duty, especially for hospitals in the country. Many married nurses have come back into private duty and a few into general duty. Married nurses who have been out of active nursing for some time are advised to do hospital work for a month or two before registering. Refresher courses have been held.

Ontario: Private duty nurses all over the province are studying registry organization. Several set-ups have been made and re-organization of existing registries is under way. Practical nurses are being supplied by several professional registries. Educational programmes have been carried on. Refresher courses specifically arranged for private duty nurses have had co-operation of the Universities of Ottawa and Toronto. In London, demonstrations of new procedures and review of others were included in the course presented. A course of instruction for practical nurses was sponsored by the London Central Registry for Nurses.

Quebec: The eight-hour schedule became effective in Montreal in 1941. There is a periodic shortage of nurses. Educational programmes including first aid and A.R.P. courses have been well attended.

New Brunswick: Generally there has been a step up in employment although Fredericton reports a medium year and St. Stephen a normal one. Regular educational programmes are arranged. Re-organization of registries is under consideration in some centres. Twelve-hour schedule is prevalent thoughout the province.

Nova Scotia: The last report received from this province stated optional eight or twelve-hour duty was being done in Halifax hospitals by private duty nurses and that in other centres twelve-hour duty predominates.

Prince Edward Island: First aid courses and A.R.P. lectures have been well attended. There is a shortage of private duty nurses.

The tabulation of data received and subsequent estimate on a percentage basis presents a general picture of nursing registries in Canada. Since the detail of the survey is too extensive to include in this report we have endeavoured to incorporate only the most important factors. Information was received concerning 95 places where registries function.

Twenty-two of these registries are Central Registries of which twelve have reorganized within the past five years and five within the past six months. Fifteen registries, conducted by hospitals, are considering re-organization. One registry is conducted by a drug store. The following summary gives an outline of the general situation:

91% carry only professional nurses on their call boards.

9% carry professional nurses and practical

nurses with 2% of this group including masseuses and orderlies.

9% use improved record systems including personal file of registrants. A number recently organized use a follow-up system.

74% maintain only a list of nurses names for the convenience of hospitals and physicians.

12% function under the direction of a representative board of directors.

51% have no governing board.

21% conform to established rules and regulations. In many instances they are very limited.

7% arrange regular educational programmes.

93% do not provide for an educational project. Some state that private duty nurses take advantage of refresher courses sponsored by other groups. Fees to the patient are not uniform. For an eight-hour period they range from $3. to $5. for one period of service. For a twelve-hour period they vary from $3. to $7.50.

The eight-hour schedule for private duty nurses in hospitals is fairly general except in the Maritime Provinces where twelve-hour duty predominates. Twenty-hour duty in homes is still offered in most centres. Two places offer only eight-hour service. Hourly nursing service offered through registries is not used extensively. With two or three exceptions, organized registry office personnel agree that calls for private duty are being taken care of but that general duty calls are very difficult to fill. It is felt this is not due to the type of work but to the salaries offered. Information reveals that salaries range from $45. to $65. a month with maintenance, with a small number exceeding this amount. Nurses are unwilling to accept employment for general staff nursing on a daily basis with salary pro-rated on a monthly scale. It is pointed out that their cost of living remains the same unless they are taken on the permanent staff.

Selectivity of periods of duty and cases is becoming more prevalent. It is well to remember we are professional women offering a public service: that we are at war, and that our duty lies in meeting the public need in nursing service. A great number of practical nurses are working in every province. In a small number of communities an attempt is being made to offer direction and to exercise some control over this group. There is an increasing tendency toward registering the practical nurse on the professional registry.

The survey reveals the need for:

1. The organization and co-operation of private duty and general duty nurses in their respective communities.
2. The developing of community nursing registries (including record systems) in order that adequate nursing service will be provided to the public and at the same time afford a measure of protection for the nurse identified with the service.
3. The arrangement of regular educational in-service programmes.

MADALENE BAKER
Chairman
General Nursing Section

BEWARE OF FRAUDULENT AGENTS!

Fraudulent agents are soliciting subscriptions in Saskatchewan and Nova Scotia. This Journal employs no agents. These persons are frauds and, if they approach you, show them this notice and warn other nurses.

The General Staff Nurse

HESTER J. LUSTED

The general staff nurse has been a subject of great interest to the entire profession, and today her problems should be of the utmost importance to all thinking members of our Association. There has been considerable confusion as to what we mean by general staff nurse or general duty nurse, as she is sometimes called. General nursing service usually means that in addition to bedside care, the nurse performs tasks not assigned to students as part of their new experience or daily practice. She must be prepared to relieve the head nurse in her hours off duty and to do any of the thousand and one things essential to the smooth functioning of the hospital. According to the definition approved by the American Nurses Association, the general staff nurse is one who is engaged in the actual bedside care of patients in hospital.

The problem as regards the general staff nurse presents more than one aspect. The first consideration should be to give the graduate nurse an appreciation of the satisfactions and opportunities offered by this field of work; the second should be to encourage the administrative staffs of hospitals to make more effective use of her abilities; and the third should be the improvement of working conditions. Out of the consideration of these factors will emerge a clearer definition of her status within the profession.

A high quality of bedside nursing care is demanded of the graduate staff nurse. If she finds her greatest satisfaction in giving this fundamental service, the hospital offers the opportunity of practising this art. The constant succession of different patients gives variety to her work. If her interests lie in one particular department, graduate experience will increase both her knowledge and her skill and prove a basis for later specialization. She develops a sense of responsibility, a mature judgment, and a self-confidence which cannot be expected of the student nurse, no matter how careful her training. Increased responsibility and a wider experience may point up undiscovered ability in teaching or administration. Indeed, the potential head nurse should be discovered in the general staff group. General staff nursing is an invaluable experience and forms a sound basis for work in any field of nursing.

There is a great need for the general staff nurse. We know how essential her services are to the hospital employing an all-graduate staff, but do we realize how important a position she fills in the hospital connected with a school of nursing? The highest standards of student education cannot be maintained and the best possible care given to patients if your hospitals are again to become entirely dependent on the student body for nursing service.

The contacts with students are an important part of general staff nursing in a hospital with a school. For much too long, the graduate nurse in the hospital has occupied an anomalous position. She is no longer in the same category as the student, and is not yet considered an integral part of the staff. Her influence over the students is much greater than is commonly realized, and she should be an example and an encouragement to every student with whom she comes in contact. Working with the students in caring for patients, she has opportunities for informal teaching which do not pre-

sent themselves to the instructor or the ward supervisor. Should not the teaching department recognize this fact and ensure that such teaching will be of positive value to the students? The general staff nurse cannot be expected to recognize her responsibility in such situations unless she is encouraged to feel that she has an important contribution to make to the school of nursing and to its students.

From the point of view of the nurse herself, one of the great disadvantages in general staff work is the lack of recognition accorded this position by others in the nursing profession. This feeling of inferior status is most acute in the group who are employed as general staff nurses by their own hospital immediately after graduation. There is a marked feeling on their part that, although they are registered nurses and have much more personal freedom and responsibility than the students, their status in regard to the hospital authorities is not sharply differentiated from that of the senior students. This attitude is in some measure due to the fact that, although they have attained professional standing and are no longer members of the student body, their occupational environment has changed little if at all. However, this dissatisfaction is found also among general staff nurses working in hospitals other than the one in which they trained, and even in hospitals where an all-graduate staff is employed. The importance of this factor has been appreciated by the Canadian Nurses Association, and a step towards recognition of general staff nursing as a valuable branch of the profession was taken when provision was made for the participation of this group in the General Nursing Section.

Another major problem is that of maintaining the nurse's interest and enthusiasm in her work. The feeling that she is losing many new experiences is too often due to the common practice of assigning her to any particularly busy department without regard for her special interests and abilities. If she performs her duties in a fairly satisfactory manner, she remains in that position for an indefinite period. She is not encouraged to take any more responsibility than a student and, unlike the student, she is not receiving the stimulus of classes and lectures. Staff conferences and staff education programmes are seldom planned for her benefit. Unless she is very alert and ambitious, or the department is a specially in which she is particularly interested, her enthusiasm for her work slackens and the quality of her nursing service tends to deteriorate proportionately.

A well planned staff education programme could do much to offset this tendency. In other fields of nursing, staff conferences and discussions have proven very successful not only as a means of maintaining standards of nursing service and of ensuring that the staff share new experiences and ideas but also as an important factor in the self-development of the individual nurse. The general staff nurse should be encouraged to plan for her future and every possible means used to help her to advance in her chosen field.

Every professional worker is entitled to an adequate financial return for her services, which should be sufficient to maintain a decent standard of living with a margin for future security. All too often, a very unsatisfactory salary scale has been imposed on the general staff nurse. The permanence of her employment is in direct relation to changes in the patient census of the hospital. In cases where she does remain for long periods of time, no definite provision is made for periodic salary increases, or vacations. Such conditions could not exist were it not for the informal way in

which the general staff nurse is usually hired and fired. Hospital authorities are being forced by present conditions to recognize the necessity of revising their policies regarding the employment of graduate staff. Staff nurses are entitled to the security afforded by a contract similar to that used in many business organizations, with a schedule of salary increases determined by length of service and ability.

Closely related to the question of salaries is that of living accommodation. It has been customary to provide quarters for the graduate staff in the nurses' residence. However, not all hospitals follow this plan, and even in those that do, the general staff nurses are sometimes given a living allowance and asked to find rooms elsewhere for a time in order to make provision for an increased number of students. Hospital authorities should not expect their nursing staff to welcome such arbitrary arrangements, especially if the changes are to be temporary.

Generally speaking, nurses feel that the restrictions of residence life do not permit as normal a social life as other professional women enjoy, and that because they work in an institution they need the wider contacts which are supplied by living away from the hospitals. Others find that residence life has definite advantages; for example, travel-time saved, less changing of uniforms, quieter sleeping quarters while on night duty, and many other conveniences which are suited to the nurse's daily life. In addition, they have the companionship of their fellow-workers. If possible, the general staff nurse should be given freedom of choice as to living arrangements. But whichever form of accommodation the hospital is able to offer, its object should be to provide her with comfortable and convenient rooms which will help to make her leisure time more enjoyable.

The eight-hour day is not yet established in many hospitals. This is undoubtedly a difficult question to discuss when a threatened shortage of nurses faces us, yet there is no sound reason for expecting the graduate nurse in hospital to work longer hours in the name of duty than those in fields outside the hospital. The general staff nurse has been persuaded that the ideal of service to the patients, the doctors, and the hospital is of more importance than her rights as a human being and a citizen of a democratic country. Perhaps this is so, but are these two factors incompatible? Is the general staff nurse who carries too heavy a nursing load and works nine, ten, and eleven hours a day giving the best possible service of which she is capable?

The general staff nurse has no wish to be an opportunist by clamouring for improvements in her hours of duty when the problem of securing qualified hospital staff is so acute. She is ready to make any sacrifice which may be demanded of her in these difficult times. But much could be done to minimize the disadvantages of long and irregular hours. It is a common complaint that she has no opportunity to plan for her leisure time because her schedule of working hours is indefinite. Directors and supervisors are obliged to plan ahead for students' off-duty time and it should not be too much to expect of them to give the same consideration to graduates. The graduate nurse knows all too well how unpredictable the day's work may be, but she accepts last minute changes readily when she feels that her co-operation is important in maintaining the efficiency of the hospital nursing service. Vacation time should also be planned. Nursing requires a great expenditure of both mental and physical energy, and to off-set this, provision

should be made for vacation with pay. The length of holiday given could be adjusted to correspond to the length of service.

The health service programme is important if the general staff nurse is to feel that her well-being is of interest to the hospital. It is therefore essential that hospitals consider not only the provision of care during illness, but also the prevention of disease and the maintenance of the optimum health of their staff. This should include the periodic health examination with education in the maintenance of good health, as well as definite agreement regarding hospitalization, medical and nursing care, and compensation for a limited period of time lost through illness.

General staff nursing in hospital is a branch of the profession which could have great appeal. The new graduate, enthusiastic, ambitious, but untried, finds here an ideal field in which to enlarge her experience. It is in this setting that the newest discoveries of medical science are given their practical application, and the nurse keeps in touch with developments in her chosen field. If such new experience is supplemented by a vital staff education programme the result is an increasingly well-informed and capable professional woman.

It is in the interest of nursing as a whole that well directed efforts of the profession should be used to secure for the general staff nurse satisfactory living and working conditions, and the status to which she is entitled as member of a recognized professional group. We must also accord her the prestige commensurate with the responsibility assigned to her as a member of the nursing staff, and more general appreciation of the part that she can play in providing a higher standard of nursing service.

Health Insurance and Nursing Service

Following my acceptance of the convenership of the Special Committee on Health Insurance and Nursing Service for the 1940-1942 biennium the following committee was formed: Miss Jean Church, Miss Edna Moore, Miss Maude Hall, Miss Frances Munroe, and Miss Maria Roy. Then, acting on the suggestion contained in the report of the Convener for the previous biennium that provincial committees be formed to be on the alert for new developments along the lines of Health Insurance, the Executives of the Provincial Nursing Associations were asked to name representatives who would be asked to form a committee. The following were named: Alberta, Miss Helen McArthur; British Columbia, Miss Esther Paulson; Manitoba, Miss E. A. Russell; Ontario, Miss Edna Moore; New Brunswick, Miss Maude Retallick; Nova Scotia, Miss Lenta Hall; Prince Edward Island, Miss Anna Mair; Quebec, Miss F. Munroe and Miss Maria Roy; Saskatchewan, Miss Jean Whiteford.

Reports received from these provincial representatives do not indicate that there have been any important developments along the lines of Health Insurance since the last biennium. However, co-operative plans have been organized by employees in industries, these to provide for medical care and hospitalization in some cases and in others for medical care only. The Associated Med-

ical Services of Ontario includes nursing service as such.

Alberta reports that in some places physicians offer all ordinary medical services on a yearly contract basis; British Columbia, that daily newspapers have outlined plans for health services one of which includes nursing in home and hospital; Ontario, that the Ontario Hospital Association has requested a charter to initiate a hospitalization plan but that no medical or special nursing service will be provided; and Saskatchewan reports that the following resolution was passed by the College of Physicians and Surgeons in that province:

> Resolved that the College of Physicians and Surgeons of Saskatchewan go on record and instruct our councils to so inform the Government of the Province that we are in favour of state aided Health Insurance on a reasonable fee for service-rendered basis, provided that the administration of agreement is put in the hands of a non-political independent commission on which the medical profession is adequately represented by its own representatives elected and responsible to the College of Physicians and Surgeons in Saskatchewan.

Last September, when your convener heard that a Health Insurance Bill was being prepared by the Department of Pensions and National Health at Ottawa, she called on the Deputy Minister, Dr. R. E. Wodehouse, who advised her that three different types of Health Insurance Acts, all containing provisions for nursing service, were being drawn up for the Minister for presentation to his colleagues at the opportune time. The Executive Secretary of the C.N.A. was immediately notified. A couple of months later your convener was invited to accompany members of the C.N.A. Executive who had come to Ottawa on other business and were being received by the Deputy Minister of Pensions and National Health to discuss nursing service under Health Insurance. At this meeting Dr. J. J. Heagerty, Director, Public Health Service, Department of Pensions and National Health, outlined the Health Insurance Bill which he was drawing up and stated that it would cover medical, dental, hospital and nursing service, drugs, and possibly public health, and requested that the Canadian Nurses Association submit to the Government a Brief on Nursing Service under Health Insurance. Your convener was later asked by the Executive Secretary if the core committee would undertake the preparation of this brief; this responsibility was accepted.

As a result of this request, a preliminary meeting was held to draw up an outline covering the points to be included in the Brief; this was followed a little later by a general meeting at which all the members, with the exception of Miss Maude Hall, were present. Because of the feeling of those present that not enough was known regarding the Health Insurance Bill, Dr. Heagerty was consulted and he invited the committee to meet with him before going on with its deliberations. At the close of the meeting which followed the visit with Dr. Heagerty it was agreed that the contribution of each member should cover the needs of her particular field of nursing. A total of four meetings were held before the end of the year — one general and three local — and a good deal of correspondence exchanged, after which suggestions for the brief were drawn up and sent to the President and Executive Secretary. It was the understanding of the committee that these suggestions would be used as a basis for the Brief with revisions or changes according to the judgment of the Executive Committee which met in Vancouver on January 20. In February your committee was advised

by the Executive Secretary that copies of these suggestions for the brief had been sent to all members of the C.N.A. Executive with the request that these be returned with expressions of opinion before March 1; the only member to comply with this request was the first vice-president, Miss Elizabeth Smellie. Eight more meetings were held — Miss Smellie honoured us by being present at two and Miss Marion Lindeburgh, second vice-president, at one, and as a result of these meetings and considerable further correspondence the Brief, as attached, was drawn up.

During the intervals of these meetings Dr. Heagerty, who had stated he would be glad to give any further information required, was consulted a couple of times. On one of these occasions he intimated there was a possibility that the Unemployment Insurance Branch of the Department of Labour was also drawing up a Health Insurance Bill, but when Miss Maude Hall and your convener called on Mr. Allan Peebles, head of this Department, they were informed that no such action was being taken but that the Department, of Pensions and National Health was preparing a Bill. On another occasion, Dr. Heagerty mentioned that an advisory committee on Health Insurance made up of laymen who were experts on matters which would be helpful in the set-up of a Health Insurance plan, had been established by Order-in-Council and that the Director of Public Health Service was the official chairman.

Dr. Heagerty advised that he had received a visit from Mother Allaire of the d'Youville Institute, Montreal, and Sister St. Godfrey, School of Nursing, University of Ottawa, regarding the possible effect of Health Insurance on nurse training schools, and suggested that one of these ladies might be appointed to the Special Committee on Health Insurance and Nursing Service. After discussing this with the Executive Secretary, the work of the Special Committee was explained to both Mother Allaire and Sister St. Godfrey and it was suggested that the question they had under consideration would seem to be one with which the hospital group should deal.

On the advice of the Executive Secretary, arrangements were made with Dr. Heagerty, chairman of the advisory committee on Health Insurance and Nursing Service, to receive a delegation for the presentation of the Brief; these arrangements included sending him an advance copy for his own perusal and twelve other copies for the members of his Advisory Committee. Then, on June 16 at the appointed time, Miss Smellie, Miss Lindeburgh, Miss Church, Miss Hall and your convener were received by Dr. Heagerty and his Advisory Committee. Miss Lindeburgh made the presentation and read the Brief through completely; then, at Dr. Heagerty's request, she read it paragraph by paragraph so that it might be analyzed and discussed. All those present showed keen interest and some changes and additions were suggested; then Dr. Heagerty asked that the notes taken by the stenographer who accompanied us be studied and a supplement to the Brief submitted at a later date. In closing, Dr. Heagerty stated that, according to a Gallup Poll and to the returns made on questionnaires which had been sent to different organizations, there was a strong feeling throughout the country in favour of Health Insurance.

As an outcome of its deliberations on the question of nursing service under Health Insurance your committee feels very strongly there is urgent need for the Canadian Nurses Association to take immediate action to consider the standards of qualifications for subsidiary nurs-

ing groups, and ways and means for their preparation, licensing and control. (See Addendum attached to Brief).

In closing, may I suggest it seems urgent that a Special Committee on Health Insurance and Nursing Service continue to function during the next biennium and that active sub-committees be formed in each province. In addition I would like to thank the members of the committee on Health Insurance and Nursing Service for their splendid help and co-operation, as well as Miss Elizabeth Smellie, Miss Marion Lindeburgh and Miss Jean Wilson who have been most encouraging at all times.

ALICE AHERN

Convener, Special Committee on Health Insurance and Nursing Service

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In the report submitted by Miss Alice Ahern, convener of the Special Committee on Health Insurance and Nursing Service, reference is made to the Brief submitted to the Director of Public Health Services on behalf of the Canadian Nurses Association. The text of this Brief follows:

Health Insurance Councils:

1. It is recommended that all administrative boards, engaging or directing nurses under the Health nsurance Act, be organized in such a way as to insure that the standard of nursing service and the policies governing conditions of employment and service of nurses be approved annually by the Canadian Nurses Association.

2. It is recommended that all nurses working under the Health Insurance plan be registered in the province in which they work and be members of the Canadian Nurses Association (important because of provinces where membership in Association is voluntary).

3. It is recommended that the nurse representatives on the Dominion Council be named by the Canadian Nurses Association; that the nurse representatives on the Provincial Councils be named by the Provincial Associations of Registered Nurses, and that in the Province of Quebec both language groups should be represented. It is further recommended that, to effectually coordinate the work, nurse representatives on these councils and on regional advisory committees should be representatives of the different fields of nursing; and that the nurse-directors (federal, provincial and regional) shall attend meetings of the councils or committees when any matter pertaining to the nursing service is dicussed.

Nurse-Directors:

1. It is recommended that, as supervision of all nursing service is essential to insure complete and first quality service, nurses appointed to positions in charge of all offices, and their assistants, be carefully selected as to their qualifications, experience, personality and ability to direct nurses and nursing service, and to plan and carry on professional education.

2. It is recommended that a highly qualified registered nurse, according to standards to be set by the Canadian Nurses Association, be appointed as Federal Director of nursing service under the Health Insurance Act and that a representative of the Canadian Nurses Association be permitted to sit in at the meeting of the body making appointments, to insure that the appointee meets required standards of qualifications.

3. It is recommended that a highly qualified Registered Nurse, according to the standards to be set by the Provincial Registered Nurses Association and approved by the Canadian Nurses Association, be appointed in each Province as Provincial Director; that in the Province of Quebec, the Provincial Nurse-Director be a French bilingual nurse, and further, that a representative of the Provincial Nurses Association be permitted to sit in at the meeting of the body making appointments to insure that appointees meet required standards of qualifications.

4. It is recommended that one of the duties of the Provincial Nurse-Director be to see

that properly qualified local registered nurse-directors be appointed to each Health Insurance regional set-up. It is further recommended that, in places where the population is predominantly French-speaking, the local nurse-director be a bilingual French nurse with the qualifications as outlined above, and the remaining administrative nursing personnel, as well as the nursing staff, be French-speaking, English-speaking or bilingual, according to the population.

5. It is recommended that the local nurse-director, after consultation with the provincial nurse- director, select the local nursing staff, be responsible for the nursing administration of the regional office, supervision of nursing service, and co-operation with other agencies.

Set-up of Regional Office:

1. It is recommended that a nursing service be set up in the regional office with adequate professional and clerical staff to provide twenty-four hour service.

2. It is recommended that in meeting the nursing needs of the community (i.e. public health nursing, including visiting nursing and private duty nursing in home and hospital) existing nursing agencies and other nursing resources be utilized.

3. It is recommended that a comprehensive system of personnel records for all registrants be maintained in the regional office, in order that the nurse-director of the regional office may have complete knowledge of their qualifications including special training, general ability, experience, personality, etc; this is to insure that, where service is provided from the regional office, only those most suitable will be assigned to cases where any particular requirements must be filled.

4. It is recommended that uniform nursing records be used which will provide all the statistical data required by the Federal and Provincial Health Insurance Administrative Boards and that these records be as simple as possible.

5. It is recommended that adequate supervision be provided for all nursing services.

6. It is recommended that all problems or complaints regarding registered nurses, submitted by doctors, hospitals, nurses or patient,s be made in writing to the local nurse-director of the regional office, these to be dealt with by her or in conjuiction with the nurse representatives on the advisory committee and when necessary referred to the provincial nurse-director.

Salaries and Hours of Duty:

1. It is recommended that all registered nurses directly employed under Health Insurance be on a salary basis and that this be graded according to qualifications, experience, aptitude and nature of duties and responsibilities and that when the Health Insurance Bill has passed and is being implemented the Canadian Nurses Association have the privilege of recommending a scale of salaries based on the salaries then being paid in each Province, and that there be provision for statutory increases and for study and revision of the salary scale at least every five years.

2. It is recommended that superannuation and pension be provided for all nurses employed on a salary basis under the Health Insurance Act. It is further recommended that, where service is purchased from existing organizations, arrangements be made whereby their nurses may participate in superannuation and pension.

3. It is recommended that the hours of duty be not more than an average of eight per day and forty-four per week; that there be provision for three weeks vacation and for statutory sick-leave; that the arrangement for the 24-hour service and the seven-day week be a question of administration; that in places where nurses work alone under remote direction from a regional office, the regional nurse- director be responsible for seeing that relief is available locally to provide for off-duty time.

Rural Areas:

1. It is recommended that, in rural areas where there are County Health Units or municipal health organizations with public health nursing services, these might become the foundations of regional offices and be adapted to the standards and needs according to the Health Insurance Act and the

qualifications as laid down in the preceding paragraphs of this brief: it is further recommended that in areas distant from any regional office and where no nursing organization is in existence, nursing service under the Health Insurance Act be established.

Relationship with Other Agencies:

1. It is recommended that the present existing co-ordination and cooperation between nursing and other agencies — social, welfare, health, etc., should be strengthened and increased.

It is recommended that when the Governments, Federal and Provincial, start organizing the Health Insurance set-up, nurses who have had broad experience in the organization and administration of nursing services be called in to implement all these recommendations; the choice of these nurses to be approved by the Canadian Nurses Association and the Provincial Nurses Associations.

In setting up the proposals for nursing under a Health Insurance scheme, the Special Committee on Health Insurance and Nursing Service feels there is an urgent need for the Canadian Nurses Association to take immediate action to consider the standards of qualifications for subsidiary groups, and ways and means for their preparation, licensing and control.

REPORT OF THE NATIONAL JOINT COMMITTEE ON THE ENROLMENT OF NURSES FOR WAR AND EMERGENCY SERVICE

The members of the Committee for the biennial period July 1940 to July 1942 were Miss Florence Emory (Chairman), Miss Marion Lindeburgh, Miss Isabel McEwen, all of whom were appointed by the Canadian Nurses Association; Mrs. H. P. Plumptre, Dr. J. T. Phair, and Miss Jean Browne (Secretary), all three representing the Canadian Red Cross Society. At the first meeting of the present Committee held in October 1940, policies were discussed and the following resolution adopted: "that the Committee deal with any matter during the war period and subsequently, of mutual concern to the Canadian Nurses Association and the Canadian Red Cross Society".

The chief objectives of the Committee during the past year were the strengthening of Provincial Joint Enrolment Committees and trying to promote greater contact between these Committees and the district medical officers, so that when nurses were being selected for military service, they should be chosen from the enrolled lists. Following a meeting of the National Joint Enrolment Committee held in February 1941, the chairman and secretary had a conference with Miss Smellie, Matron-in-Chief, R.C.A.M.C. At this conference the Matron-in-Chief stated that in current practice nurses are chosen for military service from the following sources: (1) the reserve lists; (2) the permanent force; (3) the national enrolment lists; (4) choices made by the district commanding officer; (5) personal application.

With a view to making more effective the use of lists compiled by the National Joint Enrolment Committee, the following suggestions were made:

That a list of secretaries and personnel of the Provincial Joint Enrolment Committees should be sent to the Matron-in-Chief, R.C.-A.M.C.

That the Matron-in-Chief should notify Provincial Joint Enrolment Committees of changes in command of military districts in the various provinces.

That the Committee should communicate with Group Captain Ryan, R.C.A.F. with the request that he make the lists available to his P.M.O.'s so that when nurses are chosen for the R.C.A.F., they may be chosen from these lists.

That in future there should be considered to be three categories instead of the five, as outlined by the Matron-in-Chief, that is, (1) appointments from the reserve lists; (2) appointments to the permanent force; (3) appointments by the D.M.O. of applicants whose names appear on the enrolled list.

The Manitoba Committee reports that when Colonel P. S. Bell, O.C.-M.D. 10, was selecting nurses for the army in South Africa, every nurse was chosen from the Joint Enrolment list. This represents a very marked advance and is due to the activity of a re-organized provincial Joint Enrolment Committee. The situation in Nova Scotia is not so encouraging. The secretary writes: "Last spring, representatives from our Committee interviewed the military and air force authorities with regard to the use of our list when calling nurses for service, but the Commanding Officer of each service stated that he preferred choosing the nurses from applications they had on hand, rather than making use of the enrolled list."

In 1940 when the Medical Department of the R.C.A.F. was organized, our list was sent to Group Captain Ryan, and, so far as we know, the nurses for his Department are selected from this list.

Late in 1941, it was announced there was to be a separate mobilization of nursing service for the Navy. A letter was written to the Naval Secretary, offering to supply him with the enrolled list of Canadian nurses. The offer was accepted, and he sent the names of eighteen nurses who had already received appointments, to the secretary of the Committee, in order to ascertain whether or not they were enrolled.

In the summer of 1941, the Canadian Red Cross Society asked the Canadian Nurses Association to appoint a selection committee to recommend the names of twenty-two nurses for the Scottish Orthopaedic Unit. The Canadian Nurses Association appointed as their selections committee the nurses on the National Joint Enrolment Committee. The selections committee first drew up an enrolment form and word of this new project was sent out to the various provinces. In spite of the rate of remuneration (about half of the rate paid in Canada), sufficient applications came in from the various provinces, and the selections committee felt that they were able to present to the Unit a very fine group of young professional women. The nurse-in-charge, Miss Alice B. Hunter, is particularly outstanding both professionally and personally.

Since the outbreak of war, 884 nurses have been called up for military service, 440 serving in Canada and 444 serving overseas. The total number enrolled on December 30, 1941, was 3,183.

At the last meeting of the Committee, held on April 11 1942, it was decided to revise the regulations and to use copies of the revised edition for as wide publicity as possible with medical military authorities, both national and provincial.

JEAN E. BROWNE
Secretary
National Joint Committee
Enrolment of Nurses for War and Emergency Service.

REPORT OF THE NATIONAL VOLUNTARY WAR SERVICES ADVISORY COMMITTEE

This Committee is the outgrowth of a committee appointed at the biennial meeting of the Canadian Nurses Association in 1940. At that time the following resolution was passed:

Whereas difficulties have arisen as a result of some of the voluntary work being done by the members of the C.N.A. for the various wartime organizations, be it resolved that a small committee be formed to which (a) such matters be referred with a view to uniformity of action; (b) to report to the Executive Committee any matters coming to the attention of the committee which might facilitate the war effort of the Canadian Nurses Association.

Miss Eileen Flanagan was appointed convener of the committee, which was called the committee on War Work and Effort. During the first year, questions brought to the attention of the committee were (1) co-operation with the Red Cross regarding V.A.D. training; (2) co-operation with the Red Cross and St. John Ambulance in teaching home nursing; (3) the training of Voluntary Nursing Aides. In June 1941, Miss Flanagan in reporting to the Executive Committee asked for a clarification of the functions of the committee and, due to her appointment as C.N.A. adviser to the National Committee of the Canadian Red Cross Corps, resigned as convener. Miss Jean Church was then appointed convener with the following clarification of duties of the committee:

The Executive was in agreement that this committee is to work in conjunction with the various national voluntary organizations in order that the voluntary war efforts of the Canadian Nurses Association and those national voluntary organizations would be most effectively co-ordinated and carried out. Such national voluntary organizations would include the Canadian Red Cross Society; the St. John Ambulance Association; the I.O.D.E. and any others recognized by the Federal War Services Department.

Unfortunately Miss Church was unable to continue as convener of the committee and resigned in November 1941. The present convener was then appointed. Since that time, at the request of the Executive of the Canadian Nurses Association, a meeting was held on March 23 of this committee with representatives from the Canadian Red Cross Society, the Canadian Hospital Council and the St. John Ambulance Association. The purpose of this meeting was to consider (1) hospital training for voluntary nursing aides in view of the apparent need for a shorter period than that approved in July, 1941; (2) a uniform terminology for volunteer nursing aides. As a result of this joint meeting it was agreed that:

The proposal for a shorter term of hospital experience for members of the nursing auxiliary section of the Red Cross Corps and the Nursing Division of the St. John Ambulance Brigade was accepted—eighty hours being the minimum. The syllabus committee, who had drawn up the original syllabus for the training of V.A.D.'s, was asked to adjust the syllabus to suit the shorter hospital term.

V.A.D.'s are to be classified as follows: Class A—those who have had 240 hours or more hospital training. Class B—those who have had 80 hours but under 240 hours. Class C—those who have had no hospital training.

It was also agreed that where possible the V.A.D. who completes the shorter term of experience return to the hospital later

for further experience as in the American Red Cross plan.

It was agreed that the basic preparation of those who enrol for the shorter course be the same as that already adopted for the longer course, namely first aid and home nursing.

It was agreed that the arrangement of refresher courses for graduate nurses and enrollment of them should be left to the Canadian Nurses Association.

Your Committee feels that by having this meeting with other national voluntary war organizations considerable headway was made towards facilitating co-operation and understanding between them and us. In view of the fact that the use of volunteers is now only in the process of development this committee recommends that organizations enrolling lay persons for voluntary work be informed of the need for such assistance on Saturdays and Sundays as well as other days, and also of the necessity for volunteers coming regularly and on time.

F. MUNROE
Convener
National Voluntary War Services Advisory Committee

REPORT OF THE COMMITTEE ON SYLLABUS FOR TRAINING VOLUNTARY AID DETACHMENTS

The Committee on Syllabus for Training Voluntary Aid Detachments was appointed at a meeting of the Executive of the Canadian Nurses Association in June 1941, following a special meeting of representatives of the Canadian Hospital Council and the Canadian Nurses Association to consider the question of civilian hospitals undertaking the training of voluntary workers in preparation for emergency. The function of the Committee was to revise, especially from the standpoint of legal responsibility of the Hospital, a syllabus previously prepared by a sub-committee of a Joint Committee of the Canadian Red Cross Society and the St. John Ambulance Association with representation from the Canadian Hospital Council and the Canadian Nurses Association. This sub-committee had been convened by Miss Smellie and the syllabus prepared was intended for use in military hospitals.

A meeting of the Syllabus Committee was held in Montreal on June 23, 1941. Changes made in the original syllabus were those considered necessary to adapt it for use in civilian hospitals and to give protection to both patients and hospitals. At a meeting in Vancouver on July 1, 1941, the Executive Committee of the Canadian Nurses Association accepted the report of the Committee but made several additions thereto.

It soon became apparent that voluntary workers prepared to spend the required time (two months of not less than four hours daily) for experience in hospitals were very limited in number. A joint meeting of representatives of the St. John Ambulance Association, Canadian Red Cross Society, Canadian Hospital Council, and the C.N.A. National Voluntary War Services Advisory Committee was held in Montreal on March 23, 1942. At this meeting the advisability of accepting voluntary workers for a shorter period (80 hours or over) of hospital training was considered and approved. The Syllabus Committee was requested to prepare a new syllabus for this shorter period of experience and the members present agreed, on behalf of the organization which each represented, to accept in advance the work of the committeee.

A second meeting of the Syllabus Com-

mittee was held in Montreal on April 18, 1942. Members present were Miss M. Batson and Miss Frances Upton. Present by invitation were Miss Mabel Holt, Miss Maisie Miller, Miss Norena Mackenzie, Miss Eileen Flanagan and Miss Fanny Munroe. Miss Munroe acted as chairman in the absence of the convener. An outline was prepared which was considered adequate for a short period of hospital experience for members of the Nursing Auxiliary Section of the Red Cross Corps and the Nursing Division of the St. John Ambulance Association. Copies were forwarded to the organizations concerned through the National Office of the C.N.A.

A copy of each syllabus as prepared, amended and approved is herewith attached. I wish to express sincere thanks to members of this committee for their help and co-operation always so cheerfully given in spite of many other demands on time and effort.

M. Blanche Anderson
Convener
Committee on Syllabus for Training Voluntary Aid Detachments

Ward Aides and Helpers

Evelyn Mallory

Last autumn a conference was called because of the shortage of specially qualified nursing personnel, — instructors, supervisors, administrators — and discussion was directed toward making the best possible use of available resources. Now, nearly a year later, the situation is much more acute and there is a definite and widespread shortage of nurses for bedside care. More than ever, therefore, is it necessary that we utilize to the utmost our available nursing resources. Miss Munroe expressed the situation most concisely when she stated that the means by which hospitals would have to solve their problems are: "Increase student enrolment; eliminate non-nursing duties; educate doctors to modify their demands for non-essentials; simplify nursing procedures; educate patients to reduce their demands for non-essential nursing care."

The elimination of non-nursing duties from the work of the nurse means that they must be assigned to other personnel, namely to V.A.D.'s or to subsidiary workers. Some confusion does exist in regard to the distinction between V.A.D.'s and subsidiary workers and it would be wise to clarify the meaning of the term "subsidiary worker". This term is used to include all persons, other than fully qualified graduate nurses, who are employed in the care of the sick. Quite a variety of names are applied to these workers, such as ward helpers, orderlies, ward maids, attendants, ward aides nursing aides, etc. A similar worker in the community is know as the "practical nurse" or, in some areas, (very incorrectly) as the "undergraduate nurse".

In hospitals, subsidiary workers are assigned to the nursing department to perform certain routine duties. These duties are usually largely of a housekeeping nature but may (depending on the particular hospital) include some minor routine procedures concerned with the personal care of patients. Such workers are under the direct supervision of the nursing staff in contradistinc-

tion to cleaning and kitchen maids who are supervised by the housekeeping staff.

What is the need for these workers? In view of our present shortage there is no question of the need. The war has, in this instance, as in others, served to hasten a development long overdue. Are they difficult to obtain? In certain areas, yes — in others apparently not — or no effort has as yet been made to obtain them. In 51 questionnaires returned from hospitals in British Columbia with a bed capacity ranging from 9 to over 1000 beds, only eight hospitals reported difficulty in obtaining ward helpers. Most of these, though not all, were in urban communities where war industries were competing for the services of girls and women. Twenty-one hospitals reported having no ward helpers at all, yet eleven of these reported difficulty in obtaining general staff nurses. What kind of person is most suitable for this work and how should she be trained? Several directors have suggested that older women are more satisfactory as being more stable and better able to carry responsibility. Possibly this depends to some extent on the type of hospital.

Objection has been raised in some quarters to the introduction of another class of subsidiary worker into the hospital and the statement has been made that they should all be called "maids". Much depends on the type of person available for the work. If ward helpers are to come in contact with patients you may want a different class of person to those found on the housekeeping staff. If you wish to attact a better class there must be some inducement in the way of better salary, or status or both. Much of course depends on the duties they are to perform.

The suggestion has been made that young girls interested in nursing, but not old enough to enter a school of nursing, might be employed in some such capacity until ready to begin a nursing course. They would thus maintain their interest and have an opportunity to really learn what nursing involves before entering a school of nursing and, at the same time, supervisors would be able to judge their suitability for nursing. It is a thought worth considering as one means of bridging the gap between the school-leaving age and that of entering nursing school.

Regardless of age or other qualifications, these workers should all receive the same protection regarding their own health as do student nurses. Furthermore, they should be made to feel the importance of their contribution to the work of the hospital. A little genuine interest in them as individuals and as a group is very important in maintaining their loyalty and support. It would seem that within certain limits each institution would have to make its own decision as to what duties could be assigned to this class of worker, but these limits should be definitely set by the nursing profession.

In general, subsidiary workers should receive in the hospital by which they are employed such instruction as is necessary for the satisfactory performance of the duties assigned, and such supervision as will insure their efficient and safe performance. The aim should be to select and train a permanent staff of workers who will become more efficient with practice, rather than the giving of organized short courses to new groups at stated intervals. If the latter procedure were to be followed, the frequent turnover of personnel with the influx of new material to be trained would be very disrupting from the standpoint of service. Furthermore, to train groups of such workers and then release them to find their own employment

would undoubtedly increase the number of 'practical nurses' in the community. However, there is the problem of help for the small hospital where the assistance of the subsidiary worker is often badly needed. At least one small hospital has suggested that the larger centres should train workers for the smaller.

The ultimate objective of the nursing profession is to make provision for safe and expert nursing care for all who need it, either in hospitals or in their own homes. The economic factor is unfortunately a very powerful one, and under our present social system nursing service is often a luxury which the individual in the home cannot afford. Therefore, the "practical" nurse is found in the community — how extensively we do not know, how safe the type of care she gives again we do not know.

Is there a need for such a worker in the community? If so, have we a responsibility to help in her preparation and in the supervision of her work? How could such supervision best be accomplished? Should we not be working toward the licensing of all who nurse for hire? I think the fact of a growing tendency to include such workers on Registries and Nursing Service Bureaux is an indication that we are working toward these things — but should we not be devoting a little more conscious attention to this problem? The need is being recognized by lay members of the community. If we don't do something about it rather soon, lay members of the community may!

REPORT OF THE EXCHANGE OF NURSES COMMITTEE

From the General Meeting 1940, the Exchange of Nurses Committee received the following recommendation: "That for the duration of the war the objective of the Exchange of Nurses Committee be the encouragement of interprovincial exchange." To initiate the objective of interprovincial exchange, the Committee decided to learn first the willingness of hospitals and public health agencies to endorse and participate in exchange between provinces and the possibility of short periods of exchange within provinces between public health and institutional nurses, with due consideration to avoiding disruption of nursing services. A well-prepared questionnaire with a detailed explanatory letter was then submitted to the provincial representative members of the Committee with the request that, if able to endorse the proposed circulation of the questionnaire, each representative was to submit a list of hospitals and public health agencies in her province to which the questionnaire should be sent.

Upon receving unanimous approval of the questionnaire and letter from the provincial representatives, distribution was made to 80 general and 15 special hospitals and to 15 public health agencies. While 18 hospitals (12%) and one public health agency endorsed the principle of exchange without being able to participate, the majority expressed the opinion that the time was not opportune for development of such plans. Due to lack of more satisfactory response by hospitals and public health agencies, it was decided that the Committee could not make any definite proposals for an interprovincial exchange plan to the Executive Committee.

Following a meeting of the Executive Committee in January, the members of the Exchange Committee resident in Montreal were invited to become a selections committee for the recruiting of volunteers for

the British Civil Nursing Reserve. The request for recruiting of nurses was received by the Association from the office of the High Commissioner for The United Kingdom. Upon being assured of the Association's cooperation, the secretary to the High Commissioner expressed the wish that the Canadian Nurses Association assume responsibility for examining and accepting recruits, and for sending them to the United Kingdom, with the assistance of the appropriate Canadian authorities. An application form and a statement of regulations for the information of applicants were prepared and sent for approval to the Principal Matron for the Ministry of Health, England and Wales. Arrangements were made with the Thos. Cook & Son Travel Agency for the latter to attend to all details connected with transportation; this included securing Grade A rating from the Priority Board for transatlantic sailings for small units of nurses for Service with the British Civil Nursing Reserve.

The number of nurses who have asked for information concerning the British Civil Nursing Reserve is 37; of these 16 received application forms, seven of which were completed and returned, one later withdrew. Over half the applicants were young married nurses whose husbands are on active service in England. Decision as to these nurses being eligible has been referred to the Principal Matron of the Ministry of Health. Also the Committee awaits definite word concerning transportation from the same officer before accepting any applications now on file.

MABEL K. HOLT

Convener

Exchange of Nurses Committee.

REPORT OF THE COMMITTEE ON HISTORY OF NURSING IN CANADA

It is my privilege to submit to you the report of the Committee on History of Nursing in Canada. The members of this Committee are Miss Jean E. Browne, Miss Matilda Fitzgerald, Miss Jean Wilson, the national Convener with the conveners of the nine Provincial sub-committees: Alberta, Miss K. S. Brighty; British Columbia, Miss Mabel Gray; Manitoba, Miss Edith McDowell; New Brunswick, Miss A. A. Burns; Nova Scotia, Miss M. Haliburton; Ontario, Miss E. L. Clarke; Prince Edward Island, Miss M. Thompson; Quebec, Miss M. Batson; Saskatchewan, Miss Ruby Simpson.

Since 1938, the Provincial Committes, in collaboration with the National Committee, have undertaken the work of assembling available data and the systematic search for further historical material relating to the development of nursing in this country. In the first year following the last Biennial Meeting, so much progress was made that your Committee met in Toronto in May 1941, and reached the decision that the actual preparation of the History should be recommended. Ways and means were considered, and the following recommendations were made to the Executive Committee of the Canadian Nurses Association at the meeting held in Montreal on June 2, 1941:

That the present period is a strategic one for the publication of a History of Nursing in Canada;

That this book should interpret the development of nursing in Canada, and its influence on the life of the Canadian people;

That a well-written, readable book of this type would undoubtedly serve as an effec-

tive publicity tool for nursing and its needs;

That an author be selected who has undertaken intensive historical research and is at the same time a writer of proven ability;

That as the Canadian Nurses Association cannot undertake the financial responsibility for such a project at the present time, they should investigate the offer of The Macmillan Company of Canada to assume the cost of publishing a History of Nursing to be written by an author jointly acceptable to the Canadian Nurses Association and The Macmillan Company on a royalty basis.

After due deliberation, the following resolutions were adopted by the Executive Committee:

That inasmuch as the Executive Committee approves the suggestions contained in the History of Nursing Report, it is recommended that Miss Mary Mathewson, convener of the History of Nursing Committee, C.N.A., be requested to collaborate in the preparation of the History of Nursing in Canada with a professional writer to be selected later.

That a copy of the History of Nursing report be sent to each provincial Association of Registered Nurses, with the request that they state if they are in agreement with the Canadian Nurses Association proceeding according to the plan proposed in the report, and that decision for action will be made on the majority of replies.

That the first and second vice-presidents and the Executive Secretary of the Canadian Nurses Association be authorized to draw up and sign on behalf of the Canadian Nurses Association such agreements as may be necessary with The Macmillan Publishing Company in relation to the publication of the History of Nursing in Canada.

During the summer of 1941, all Provincial Associations were given an opportunity of expressing an opinion in the matter and further details regarding the proposal of The Macmillan Company were secured. At the meeting of the Executive Committee held in Montreal in September 1941, it was reported that the majority of the Provincial Associations favoured the undertaking, and it was decided to proceed with the necessary arrangements. The president of the Association then conferred with Mr. Colin Henderson representing The Macmillan Company, and when preliminary negotiations had been completed it was agreed that Miss Margaret Lawrence, a graduate of Toronto University with a major in history, author of a successful book, "School of Feminity," and at present on the editorial staff of the Consolidated Press, be asked to consider the writing of the book in collaboration with Mary S. Mathewson. When Miss Lawrence's consent to undertake the work had been secured, the contract was drawn up and signed in March 1942 by the duly appointed officers of the Association. The Committee then met with Miss Lawrence in Toronto, to present the wishes of the Canadian Nurses Association regarding the proposed History.

Your Committee considers that the Association is most fortunate in securing the services of Miss Lawrence, who considers the writing of this book as a trust, and who is already convinced that behind the development of Canada's nurses as we see them today is a story which needs to be told.

The factual data around which this book must be written have been patiently unearthed by countless nurses in all parts of the country working under the direction of the conveners of Provincial Committees. The material which has been forwarded to the National Committee has surpassed all expectations. It is impossible to name each individual who has shared in this work, but the thanks of all Canadian nurses will go out to them collectively when the long

anticipated History actually appears in print.

May I take this opportunity of expressing the sincere thanks of the Committee to the Provincial Conveners and their Committees for the untiring efforts and loyal support without which this progress could not have been reported.

MARY S. MATHEWSON
Convener
Committee on History of Nursing in Canada,

REPORT OF COMMITTEE ON EIGHT-HOUR DUTY

Even before the last report was submitted it became apparent that emergency conditions arising out of the present crisis placed definite limitations on the activities of this Committee. This fact was drawn to the attention of those who were present at the Biennial Meeting in 1940 and has been repeated in reports since submitted to the Executive of the Canadian Nurses Association. However, the instructions of the Executive are reflected in the following statement: "the fact that this Committee exists strengthens the provincial associations in maintaining a watchfulness that nurses are not too greatly exploited at present". Your Committee has endeavoured to carry on with this understanding. It has been definitely stated by the representative in several provinces that even the existence of the Committee has been helpful. There is no doubt that while conditions are far from ideal, both the public and the authorities who are most immediately concerned are becoming definitely conscious that it is imperative that shorter hours of duty must be established. It is lamentable that this recognition is only becoming a live issue in many instances because of the present conditions in which the demand for nurses makes consideration of reasonable hours of duty imperative, if the services of nurses are to be retained.

All are agreed that in any emergency nurses will not be found wanting, but it is realized that with appropriate hours, more efficient work is accomplished. Nurses, as well as other workers, are entitled to consideration that will enable them to function as effectively as possible, both as professional women and citizens, in order that they may render a maximum service. This is particularly important in the present emergency when increasing demands are being met by every worthy citizen. At the present time with the shortage of nurses, especially in the outlying districts, it is difficult to urge the adoption of a policy that obviously requires more nurses. However, if nursing service is to be stabilized and the desirable type of young woman attracted to the profession, it is absolutely essential that reasonable hours of duty be adopted. Furthermore, in any emergency physicial fitness is of the utmost importance.

Your Committee has endeavoured to keep in touch with developments in the nine provinces and, whenever possible, to bring to the attention of the appropriate authorities the need for revision and modification of hours. It is felt that one means of stimulating interest is a persevering study of existing conditions. It is definitely suggested that this be continued. In her work as Emergency Nursing Adviser the chairman of this Committee has had opportunities to stress to boards of directors and other influential groups, the need for shorter hours of duty for nurses. These opportunities have been capitalized.

Frequently, boards of directors appear to be surprised when they learn of the

hours of duty that many nurses are giving. It is questionable whether sufficient recognition is given to this factor as one of the chief causes of the continued unrest among nurses, especially those doing general duty. Today young women are realists. They are not prepared to make seemingly unwarranted sacrifices in order that an institution may carry an increasingly heavy service, and indulge in expenditures for equipment and extensions that often fail to justify themselves — a fact that frequently is very apparent to workers within a hospital.

At the request of this Committee, a copy of a report prepared by the chairman of the Provincial Committee on working conditions for nurses and nurses-in-training in hospitals in British Columbia was forwarded to each province. The study of this was recommended. It is apparent that results have been obtained from the work of this committee. In this province use is made of a form in which it will be noted that the question of overtime is emphasized. This is recognized as an important factor in contributing to fatigue and strain. Some schedules of modified hours of duty have also been made available to provincial representatives.

The representatives in eight provinces recently reported upon prevailing conditions. In most centres the private duty nurses are working on an eight-hour day as a general practice, and apparently with satisfactory results, although the following comments have been received from a few centres: "Nurses only observe the eight-hour day in homes; hospital authorities are not yet prepared to accept this schedule." or "Doctors are unwilling to approve the eight-hour day." This is the reverse of the general trend. In centres in which the eight-hour day has been established it has brought new meaning into the life of the private duty nurse, apparently without any marked inconvenience to the patient.

Lack of accommodation to permit of increase in staff, shortage of personnel, increased demands being made upon hospitals that are already overcrowded, are among the problems cited as directly affecting any marked reduction in hours of duty for institutional nurses. On the other hand, long hours of duty are frankly stated as one of the reasons why nurses turn from general duty to some other field of endeavour.

Because of the value of repetition we re-state the recommendations approved by the Canadian Nurses Association in June 1940:

That a ninety-six hour fortnight should be the objective.

That lectures and classes should be included in time on duty.

That the arrangement of the time should not be left to the individual hospital but that the goal should be made a straight eight-hour service with staggered hours not more than four times in any one fortnight.

These recommendations refer particularly to student nurses.

Another recommendation arising out of the Special Conference held last fall, and approved by the Executive of the Canadian Nurses Association reads: "that the eight-hour day and the ninety-six hour fortnight be applied during the preliminary term"; this to include class, practice and study periods. The realization of these recommendations may seem to be remote under present conditions, but it is very essential to aim towards them if we are to continue to attract a desirable type of young women to the profession, and to retain the services of those who are in it.

Further recommendations formulated as the result of the reports received from the provincial representatives include the following:

That continued study and appropriate publicity be given to the question of reason-

able hours of duty for all nurses.

That every opportunity be made to inform boards of directors of the important implications from which hours of duty and living conditions for nurses cannot be disassociated.

That if possible, one whole day off each week be arranged for all nurses, even though a reduction to the ninety-six hour fortnight may not be feasible. One day of uninterrupted freedom from duty would enormously increase the possibilities for recreation and diversion that are so essential for every nurse. Posting of hours and time off duty several days in advance is also definitely recommended.

It is recommended that an accurate record of overtime be kept. This would be distinctly revealing.

That consideration be given to the possibility of using auxiliary aides to a greater extent in hospitals and other institutions in which their services might be utilized for non-educational duties.

The Committee would again draw attention to the fact that the name of the Committee is misleading. In a number of hospitals an eight-hour day has been adopted without any further allowances of time off duty. The total number of hours under such an arrangement constitute a fifty-six hour week, or one hundred and twelve hour fortnight.

This report is prepared by the chairman with an appreciation of the work done by the representatives in the provinces under conditions that are far from encouraging. The past two years have been difficult ones in which to achieve progress. However, the objectives of the Committee are felt to be of the utmost importance in the present crisis, as they affect recruitment of student nurses and the stabilization of nursing services.

K. W. Ellis
Chairman

REPORT OF NIGHTINGALE MEMORIAL COMMITTEE

At the General Meeting, 1940, the policy of collecting funds for the Endowment Fund of the Florence Nightingale International Foundation, to the completion of the commitment by the Canadian Nurses Association (1938-1942) was endorsed. In meeting on February 22, 1941, it was decided by the Executive Committee that in view of unsettled conditions, no further donations for the Endowment Fund be solicited. However, due to plans already made by the provincial associations, total contributions to the Endowment Fund during the biennium amounted to $1064.39. In June 1941, $2,500. of the Fund was invested in Dominion of Canada Victory Loan Bonds. The interest from these bonds will be deposited to the Endowment Fund, the bank balance of which on June 1, 1942, was $256.54.

The decision made in 1940 by the Canadian Nurses Association to establish a loan fund has been fully justified. Enquiries have been received from 33 nurses, representing all Provinces. Of this number, nine made definite application for assistance. For the year 1940-1941, one applicant was granted a bursary of three hundred dollars, which enabled her to complete a course of study already undertaken at the University of Chicago. Also for that year, one loan was issued to a student for a course in teaching and supervision in schools of nursing.

For the year 1941-1942, six loans were issued for courses in (1) teaching and supervision in schools of nursing by four students and (2) public health by two students. Universities selected were McGill and Toronto. Already two loans totalling $1,000 have been granted for the year 1942-1943, one for a course in hospital administration and the other for a course in public health. The total amount of funds already granted in loans is $3,550. Repayments are being received as promised.

Kathleen I. Sanderson
Convener
Florence Nightingale Memorial Committee

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The following resolutions were adopted at the General Meeting of the Canadian Nurses Association held in Montreal from June 22 to 26, 1942:

Be it resolved that the Canadian Nurses Association accept the invitation of the Manitoba Association of Registered Nurses for the next General Meeting (1944) to be held in the City of Winnipeg.

Whereas a careful study of the securing of an Act of Incorporation for the Canadian Nurses Association reveals the following difficulties: (a) there would be the necessity of holding an annual meeting; (b) there would be less flexibility in regard to change in constitution and by-laws; (c) there would be less freedom in undertaking new projects not included in the present constitution; *be it resolved* that the proposal to secure an Act of Incorporation for the Canadian Nurses Association be tabled.

Whereas during the next two years, unusual heavy responsibilities and work may have to be met by the Executive Committee of the Canadian Nurses Association, *be it resolved* that the Executive Committee of the Canadian Nurses Association be given wide powers and authority of wide representation at Executive Meetings and to take any necessary action during the next biennium.

Resolved that the Canadian Nurses Association offer loans for scholarship purposes to the amount of $2,000 annually for the next two-year period.

Whereas difficulties are experienced continually in each province in connection with nominations for officers in the Canadian Nurses Association and the National Sections, *be it resolved* that in order to facilitate the procedure in connection with nominations, each provincial association of registered nurses be requested to send to the Executive Secretary of the Canadian Nurses Association a brief sketch of the professional qualifications and contributions of possible nominees for the various offices by September 1 in each year preceding a biennial meeting; also that a compilation of this information be sent to each provincial association of registered nurses with instructions concerning nominations. Furthermore, it is recommended that nomination committees be appointed by each provincial association of registered nurses to prepare the slate of nominees for office in the Canadian Nurses Association for submission to the provincial associations for consideration.

Whereas it is recognized to be sound and progressive educational policy to keep universities open on a yearly basis, dividing the year into semesters or quarters, *be it resolved* that steps be taken to develop courses in nursing education on a semester basis; that particular stress be given to the opening of university summer sessions to nurses and that such work be given full credit towards a diploma or a degree. This recommendation is to be referred to the incoming Executive with the suggestion that they confer with the new Provisional Council of University Schools in order to implement it.

Whereas the services of married and inactive nurses are urgently needed in hospitals and elsewhere, *be it resolved* that those nurses who have at some time been registered nurses, and who undertake to attend the available refresher courses, be granted emergency registration status for the duration of the emergency if they give their services on a voluntary basis. Those nurses who wish to serve for remuneration should be required to secure provincial registration; it is further recommended that consideration be given to the possibility of a special examination to meet the needs of this group.

Whereas there is greatly increased demand for graduate nurses due to war and emergency conditions and a shortage of nurses, both graduate and student, which is being felt most keenly at the present time, *be it resolved* that, as a war measure, steps be taken to meet the serious shortage by temporary increase in student enrolment in approved schools of nursing where it is possible to strengthen teaching and supervising staffs to a satisfactory degree.

Whereas there exists a Dominion Government Committee known as the Public Health Council, *be it resolved* that the Canadian Nurses Association appoint a committee representative of the three sections to meet with women members of the Public Health Council in order to bring to the Council, Canadian nursing opinion.

Resolved that a clearing-house or bureau for the registration of studies be set up at the National Office of the Canadian Nurses Association to serve all Sections and Committees of the C.N.A., the provincial units and all associated groups such as the Nursing Section of the Canadian Public Health Association. It is further recommended that all studies, undertaken nationally or provincially, be registered with the Central Bureau of the Canadian Nurses Association, through their respective offices and that in return the Bureau will notify all provincial associations when such studies are undertaken.

Whereas nursing bureaux and registries are being developed across Canada, *be it resolved* that nursing registries and bureaux be specifically mentioned in the list of agencies that will be utilized in any health insurance scheme.

Resolved that the Executive Committee of the Canadian Nurses Association be asked to consider sending representatives to the meetings of the American Nurses Association, the National League of Nursing Education, and other such meetings that it is a privilege to attend. It is further recommended that the Executive Committee of the Canadian Nurses Association recommend to the provinces that similar thought be given to sending representatives from the provincial associations to these meetings.

Resolved that the provincial associations of registered nurses be urged to continue the services of their respective advisers.

Resolved that the term "General Staff Nurse" replace the term "General Duty Nurse".

Resolved that the Canadian Nurses Association continue the National Joint Committee on Enrolment, to go forward for the duration, nurses and Red Cross hand in hand.

REPORT OF THE EXECUTIVE SECRETARY OF THE C.N.A.

The Canadian Nurses Association in assembly for the twenty-first general meeting, is facing a week of strenuous sessions. In order to expedite proceedings, the biennial report of the Executive Secretary will be brief. Routine organization work has been carried on as usual and emergency responsibilities recognized and met under the direction of the Executive Committee which also has given effective leadership to several projects in co-operation with other interested groups.

In June 1941, representatives of the Canadian Nurses Association and the Canadian Hospital Council met for the first time to discuss matters of mutual interest and responsibility. The question of graduate nurses becoming responsible for the carrying out of clinical procedures, customarily delegated to internes, was discussed at length. It was agreed that in those hospitals unable to obtain adequate interne service, it should be considered sound procedure to permit the following to be performed by nurses, provided such be done by one or more graduate nurses of the hospital staff, carefully selected and trained for this work.

Blood pressure readings; subcutaneous injections; intravenous injection of saline and glucose solutions and such other medications or diagnostic fluids as the medical staff may authorize; taking of Wassermann; removal of sutures; intra-muscular injection of substances specifically authorized by the medical staf; recording of histories (with the exception of the physical examination); progress notes as dictated by the physician in charge; such other clinical procedures as may be recommended by the medical staff and approved by the director of nursing and the board of trustees.

It was agreed that before any part or all of this arrangement could be instituted, it must be approved by the organized medical staff, by the director of nursing and the governing body of the hospital. Later, the Canadian Hospital Council sought the endorsation of the Canadian Medical Association to the foregoing decision; however, the desired approval was not secured. Also, it was agreed that as a shortage of graduate nurses might occur, it was thought advisable to approve a plan by which some hospital experience could be made available to voluntary nursing aides. The Canadian Nurses Association was asked to prepare an outline of a syllabus for young women who had secured certificates in home nursing and first aid, and who wish to enrol for hospital experience under the sponsorship of the St. John Ambulance Association or the Canadian Red Cross Society. (See *The Canadian Nurse*, July 1941, pp. 471 and 472.)

Another joint meeting was held in March 1942, when representatives of the St. John Ambulance Association, the Canadian Red Cross Society, the Canadian Hospital Council and the Canadian Nurses Association met together for the first time. Discussion at this meeting resulted in the unanimous agreement of the organizations represented to a shorter course in hospital experience for voluntary nursing aides than that outlined in the Syllabus prepared in June 1941. The need for a shorter course seemed evident, due to a decrease of eligible young women for the original course which requires at least 240 hours for hospital experience. Also an agreement was reached as to classification of voluntary nursing aides according to their preparation. (See *The Canadian Nurse*, May 1942, p. 309.)

Late in September 1941, the Canadian Nurses Association arranged for a conference with representatives of Uni-

versity Schools of Nursing for discussion of increasingly acute problems connected with nursing service and nursing education. Following that conference, the University representatives attended a meeting of the Canadian Nurses Association Executive Committee, at which each provincial association was represented officially. Recommendations arising from the conference were endorsed by the Executive Committee. As a result of those recommendations, the Canadian Nurses Association approached the Federal Government for financial assistance and took immediate action toward appointing an Emergency Nursing Adviser to initiate the means for stabilizing Canada's nursing service. (See *The Canadian Nurse*, Nov. 1941, pp. 761-763.)

The Canadian Nurses Association was officially represented at a meeting of Women's National Organizations which was held at Government House, Ottawa, by invitation of Her Royal Highness Princess Alice. Other similar meetings at which the Canadian Nurses Association was represented include one called by the Wartime Prices and Trade Board, and several called by the Canadian Red Cross Society.

Provincial Associations:

The provincial associations of registered nurses make up the Canadian Nurses Association; that is, the national organization is a federation of the provincial associations. The total number of members at January 1, 1942, was 18,266. Each provincial unit is represented on the Executive Committee of the Canadian Nurses Association by four members, namely, the president and the chairmen of Sections. As reports of special committees are presented later, note can be made of the participation of the provincial associations in those national committees, either through individual representation or by corresponding provincial sub-committees.

Sections:

There are three Sections in the Canadian Nurses Association: the Hospital and School of Nursing Section; the General Nursing Section; the Public Health Section. At the General Meeting in 1940, a renaming of the Sections was approved and the by-laws amended as necessary. Each provincial association has sections to correspond to those in the Canadian Nurses Association.

International Council:

The Canadian Nurses Association is one of the few national organizations that is able to continue contact with the International Council of Nurses, now with temporary head-quarters in the United States of America. The annual fees to the I.C.N. are at the rate of 4 pence (sterling) per member of each national organization having international affiliation. At the request of the I.C.N., since early in 1940, fees have been held in reserve. In December 1941, these fees held in reserve by the C.N.A. amounting to approximately $3400.00, were invested in Dominion of Canada Victory Bonds.

British Nurses Relief Fund:

Early in 1941, when it was learned that financial aid was the best way by which nurses of Canada could send help to the nurses of Britain who were victims of enemy action, the sum of $2,000 from C.N.A. reserves, was sent to the Royal College of Nursing in London. Then, with the approval of the provincial associations, the British Nurses Relief Fund was established and registered according to the War Charities Act of Canada. This registration permits for funds being sent in aid of nurses in any part of the British Commonwealth of Nations who, due to enemy

action, have been injured or have had material losses. Altogether $22,500 has been sent to Britain where the Royal College of Nursing established a fund which is called "The Canadian Nurses Fund for Civilian Nurse Air Raid Victims". Recently, on advice from the Red Cross Enquiry Bureau, twenty parcels of toilet accessories, each of maximum weight and each bearing the address — "British Nurses as prisoners of war in Hong Kong" — were sent to the Chief Postal Censor, Ottawa, with a request that when possible those parcels be shipped to Hong Kong. Also, an attempt is being made to learn if there are British or Allied refugee nurses in Australia who are in need of financial assistance.

To comply with the War Charities Act of Canada, the Canadian Nurses Association appointed three members to act as a committee on administration for the Fund; there is a similar committee in each province. Also to comply with federal regulations, an audited statement of the Fund for the year 1941 was filed with the Department of National Services before January 31, 1942.

National Vesper Service:

In consultation with the Overseas Nursing Sisters Association of Canada, the Executive Committee of the Canadian Nurses Association reached a decision whereby in future on the first or second Sunday in the month of May, nurses throughout Canada will arrange in their respective localities for a Vesper Service. It is recommended that this service should become a re-dedication by nurses to nursing, and that the graduating classes of local schools of nursing be invited to attend.

National Office:

In May 1941, the President announced the appointment of Miss Maisie Miller as assistant to the Executive Secretary. Miss Miller joined National Office staff on October 1. Early in the present year Miss Helen Hope replaced Miss Helen Rorke as clerical office assistant, and, in order to cope with the stenographic demands arising from various developments, it became necessary to secure the President's approval to the appointment of a junior stenographer, on a temporary arrangement. Since February, Miss Elizabeth Cornell has acted in the latter position.

Among the projects that have required extensive clerical assistance of National Office staff are:

Several studies by the Committee on Nursing Education.

Study by the Exchange of Nurses Committee.

In relation to loans and bursaries offered by the Association.

Recruiting members of the Canadian Nurses Association for an Orthopaedic Hospital Unit for Scotland, and for the British Civil Nursing Reserve.

In relation to the work connected with the programme undertaken by the Emergency Nursing Adviser.

In response to a request from the Federal Authorities for a statement on Nursing in relation to a National Health Insurance Scheme.

Sale of the Supplement to the Proposed Curriculum — about 1500 copies — and distribution of the pamphlet, "Should You Wish to Become a Nurse" — 19,500 copies.

An interim report in detail of all activities carried on under the direction of the Executive Secretary is presented to each meeting of the Executive, while "Notes from the National Office", published in each issue of *The Canadian Nurse*, provides a source by which the members at large may keep themselves informed of their national organization. A monthly financial statement is sent to the President, the Hon. Secretary,

and the Hon. Treasurer, and each member of the Executive Committee receives quarterly a summarized financial report. The books of the Association are audited annually.

Your Executive Secretary has served as secretary of Committees such as Nursing Education, Exchange of Nurses, and History of Nursing, and as secretary-treasurer of the administration committee of the British Nurses Relief Fund.

On recommendation by the Executive Committee, the services of the assistant to the Executive Secretary were made available to the Emergency Nursing Adviser so that this officer at National Office could become familiar with this emergency project; the assistant has acted as secretary to the subcommittee on records of the Committee on Nursing Education.

During the past two years the indexing of the Minutes of General Meetings and of Executive Committee Meetings was completed and the Minutes bound in separate volumes.

Wartime Measures:

Your Executive Secretary has been on the alert in regard to various wartime federal regulations as they came into force and it is felt that the Canadian Nurses Association has complied with all such regulations, insofar as they affect the National Organization.

JEAN S. WILSON
Executive Secretary
Canadian Nurses Association

Summary of Provincial Reports

In order to conserve space and save expense, the Executive Committee of the C.N.A. decided that the reports presented at the Biennial Meeting by the Provincial Associations of Registered Nurses should be summarized. Many of the outstanding provincial achievements had already been reported upon at length in the *Journal* but it is nevertheless interesting to review them briefly under a common heading:

Alberta Association of Registered Nurses: The Provincial Legislature has passed the new Registered Nurses Act providing for an educational requirement of high school graduation diploma disclosing successful completion of courses in chemistry and either physics or biology. A regulation has been added to the Hospitals Act making it compulsory for all nurses employed in approved hospitals to be registered and in good standing in Alberta, special consideration to be given those at present employed but not eligible for registration.

By arrangement with the University of Alberta, graduates passing the R.N. examinations are automatically granted registration and membership. These changes have been sought for many years and through them we hope substantially to increase the number of active members and in time to have all graduate nurses become Association members. Meanwhile, active membership continues to increase. In 1939 the number was 1303.

Students receiving honours (80%) in the R.N. examinations receive from the Association a year's subscription to *The Canadian Nurse*.

A registry for private duty nurses has recently been opened in Calgary, operated by District 3 and known as the Community Nursing Bureau. There are now two well organized registries in Alberta; both include practical nurses.

Registered Nurses Association of British Columbia: Our membership in January 1942 stood at 2,840. Quite a few nurses whose membership had been allowed to lapse have re-established registration partly as an outcome of the interest created by the formation of local Districts and Chapters. "Chapter" is the term used in reference to a local Association, three or more of which units combine to form a District. We expect eventually to have about ten districts covering the entire province. We now have three Districts comprising seven, four and three Chapters respectively, and fifteen additional single Chapters. A news bulletin, along with any other information which we want to have reach our members, is sent out to all Chapters following each meeting of the Council.

At the annual meeting in 1942, the Association approved the principle that it should be the responsibility of the District as a whole and not just the private duty nurses, to support the District registry — a registry which will handle calls for private duty nurses and general staff placements. We are planning the organization of a provincial placement service which, in co-operation with the district registries, will handle general staff placements in parts of the province where there are no local registries and placement for all positions requiring special experience or preparation. In order to finance this venture, and beginning in March 1943, the annual fees for all active nurses will be increased from two to five dollars. Of this sum two dollars will be the registration fee as previously paid, one dollar will cover District and Chapter fees, and the remaining two dollars will go to the support of the District Nursing Bureau. If there is no bureau in the district in which the nurse resides, her two dollars will then go toward the support of the provincial placement service. Private duty nurses will not be expected to pay any additional fee. Nurses who are not active, but still wish to maintain their registration, will be required to pay only three dollars to cover registration and District and Chapter fees.

The University of British Columbia, with the assistance of Miss Leahy from the University of Washington, offered a two-weeks course in supervision for public health nurses. Review lectures in first aid planned for nurses offering their services for the manning of first aid posts have been taken by approximately 600 nurses.

Manitoba Association of Registered Nurses: We have had considerable turnover in nursing personnel in all branches of nursing. General duty nurses are demanding better living and working conditions. Low salaries, long hours of duty, have contributed to the spirit of unrest.

The M.A.R.N. has prepared and released a Minimum Curriculum containing requirements for registration for schools of nursing in Manitoba. A complete set of school of nursing records has been provided for use during a trial period of three years. Provincial examinations for first-year students have been established. A conference of superintendents of nurses was held when policies regarding schools of nursing were considered and dealt with. A committee of administrators prepared an outline of duties for the subsidiary worker.

The present Act respecting registration for nurses is being carefully studied with a view to much needed revision. An attempt was recently made by a member of the Legislature to amend the Act which would have reduced the patient daily average requirement for a hospital conducting a school of nursing from 20 to 5. Due to the excellent co-operation of every member of the Association, the proposed amendment did not materialize.

The committee on publicity for nurses and nursing has increased its activities considerably. Owing to the need for extending the services of the Association, the annual fee was increased from $2 to $3 per year. An assistant to the executive secretary and school of nursing adviser has been appointed.

New Brunswick Association of Registered Nurses: The total membership is 914. Membership in the Canadian Nurses Association is restricted to active resident members of the provincial association. The work of the Association is carried on by the Executive Council, which includes in its membership all conveners of sections and standing committees, representative from each Chapter

and representatives from districts where no Chapters have been organized. Private duty nurses who are Council members are reimbursed for time lost due to attendance at Council meetings.

Chapters have been organized in Fredericton, Moncton, Saint John and St. Stephen. Meetings are usually held monthly from October until June. Programmes include lectures on professional subjects, reports of sub-committees and of the representatives to Council. One Chapter operates a registry with a salaried registrar in charge, also a sick benefit and loan fund; others have furnished and provide for the upkeep of rooms in local hospitals.

The Association has opened a new office in the Health Centre, Saint John, and has placed a full-time executive secretary-treasurer-registrar in charge. In the application of the new Registered Nurses Act, the basis of reciprocal registration was found too limiting. Interchange of qualified nurses between neighbouring provinces and States remains an advantage to this province and the new Act limited those eligible to nurses who were registered under Acts which had qualifications equal to those of the New Brunswick Act. An amendment to this phase of the Act was secured this year.

Registered Nurses Association of Nova Scotia: Membership is, at present, 1090 paid-up members, an increase of 13% over that reported at the last Biennial Meeting. Grants are made to each Section from the general funds to assist the members of these Sections, with expenses incurred when travelling to attend meetings. As a war measure we admit, for the duration, nurses eligible for registration on the payment of a fee of $2.50. This fee does not entitle a member to hold office, to vote, or to work for remuneration — they are associate members only. The Nova Scotia Journal of Education published, at our request, suggested subjects (English, History, Science, Mathematics, and Latin) for prospective nursing students to study in the Provincial Grade XI curriculum.

Applicants from a foreign country, wishing to train in Nova Scotia, but unable to produce proof of educational qualifications due to the capitulation of their native country, may be accepted upon presentation of a sworn statement, verified by the Consul of that country. Graduate nurses from those same countries, wishing to become registered by reciprocity, may be accepted under the same regulations.

Miss Jenkins was appointed convener of the newly organized War Problems Committee which already has done much valuable work.

Registered Nurses Association of Ontario: Membership for the current year up to May 1 is 4,694.

After several years of study on the part of the Registry Committee it was decided that existing registries could be re-organized and new registries organized to conform to a uniform standard. The Committee presented a plan for the necessary set-up which was mimeographed and circulated so that existing registry boards and groups of nurses could study and become familiar with it. At the annual meeting in 1941, a registry organizer was appointed to bring the suggested plan to life who, when requested, would assist existing registries to re-organize and aid groups of nurses in organizing a registry. The Registered Nurses Association of Ontario assumed the full responsibility of the salary of this organizer, and also makes allowances for the travelling and living expenses if such arrangements are not undertaken by the local registry or by a group of nurses. The Board of Directors were delighted to be able to secure the services of Miss Madalene Baker for this important task. Miss Baker made her first trip up through northern Ontario and as far west as Fort William in March when two registries were organized. One large central registry has re-organized and Miss Baker has just returned from a trip through the eastern part of the Province. In every centre, committees were formed to study the question and many are following the suggested set-up as far as possible. The registries recently organized or re-organized are in almost every instance using the uniform standard records as recommended by the Committee and which may be obtained at provincial headquarters.

It became apparent that the need for an experiment in the training of practical nurses was necessary in order to fit them to meet the needs of the Registry to give service to the public. A plan for a demonstration in the training of practical nurses was presented by the Board of the London Central Registry. This demonstration was approved by the Registered Nurses Association of Ontario which also gave financial assistance; it was also approved by the Council of Nurse Education. Ten students completed this course and were required to sign an agreement to identify themselves with the London Central Registry for a further two years, during which time they will be under supervision. A request has been received from the Council of the Toronto Central Registry Board that they be allowed to conduct a second demonstration in the training of the practical nurses under the same plan. This request has been approved by the Association and by the Council of Nurse Education.

Prince Edward Island Registered Nurses Association: There are 129 active and 51 inactive members in good standing in our Association. A large percentage have joined some branch of His Majesty's Forces. We are proud that the patriotic spirit is so manifest, but regret the loss of so many experienced members from the Association—in all a total of 27% of our active group.

The president had the privilege of attending the conference of representatives of University Schools of Nursing and the Executive Committee, Canadian Nurses Association, in Montreal. The discussion gave inspiration to all attending the conferences. The recommendations arising from this meeting have been the subject of much discussion at our provincial meetings. In February 1942, Miss Anna Bennett, instructor of nurses in the Prince Edward Island Hospital, was appoited Provincial Emergency Nursing Adviser. Two more subjects have been added to the R. N. examinations, thus making a total of eight examinations.

Due to the loss of so many of its members, the General Nursing Section supplemented with married nurses. The Public Health Section is now carrying on with four field workers and a part-time director. Provincial-wide diphtheria immunizing clinics are being held in each school district and the response has been greater than at any previous clinic. School inspection, home visits, tuberculin skin testing, and dental clinics continue to keep the small staff busy.

Association of Registered Nurses of the Province of Quebec: We can safely claim as our most outstanding achievement the fact that for twenty-two years we have held together and contributed considerably to our mutual welfare and development, and pulled our weight in matters of general responsibility and interest in Canada as a whole, in spite of the fact (or perhaps because of it) that our membership consists of two distinct language groups, who do not understand each other thoroughly but at least endeavour to do so. The total membership is 5442, 10% consisting of sisters of religious orders involving 15 different communities.

To offet the shortage in nurses, we have solicited the co-operation of married and inactive nurses, many of whom have taken refresher courses and have signified their willingness to return to duty if and when the need arises. Our Board has made definite recommendations to our Provincial Government, through the Hospital Commission, regarding working conditions, hours of service, and salaries and opportunities for advancement for the general duty group.

Because of the shortage of applications, an intensive campaign to stimulate interest in nursing has been carried out by instructors and public health nurses who have addressed students in high schools, and colleges where the co-operation extended by the principals and students has been most helpful and encouraging. Plans have been made with the provincial department of education whereby high school pupils may enter into a competitive essay plan, prizes for which will be awarded by our Association. The essays are to be concerned with the life and work of Jeanne Mance.

Saskatchewan Registered Nurses Association: There has been a steady increase in the membership and there are now 1218

members. The arrangement whereby it has been possible for the President of this Association, as a representative from adjacent provinces, to attend the Executive Meetings of the Canadian Nurses Association has been most helpful.

In January of this year, the Registrar, Miss Kathleen W. Ellis, was temporarily released from her duties to become Emergency Nursing Adviser for the Canadian Nurses Association. Mrs. C. Christilaw has carried on efficiently as acting registrar during her absence. The Saskatchewan Registered Nurses Association willingly co-operated in this arrangement as it was felt that it would be of definite national assistance at this time.

A special appeal is being made to all nurses to consider the desirability of continuing in their present positions for at least a year. Many days of nursing service are lost in travel and change of position. Every opportunity is being used to bring to the attention of Boards of Directors in Hospitals their special responsibilities in relation to the desirability of providing reasonable hours of duty and good working and living conditions for nurses even in the present crisis.

The organization of the Association into districts and chapters is now in progress and will tend to unify and strengthen the professional group in this province at a time when unity of effort is most essential.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Mary Morrison, a graduate of Hotel-Dieu Hospital, Kingston, and of the course in public health nursing, University of Western Ontario, has been appointed to the Kingston staff.

Miss Maxime Ward, a graduate of the Royal Victoria Hospital, Montreal, and of the course in public health nursing, University of Western Ontario, has been appointed to the Kitchener staff.

Miss Helen I. Carr, a graduate of the University of Toronto School of Nursing, has been appointed to the Toronto staff.

Miss Henrietta Kerr, who has been on leave of absence from the Victorian Order of Nurses for Canada and who has recently completed the public health nursing course at the University of Toronto, has been appointed nurse-in-charge of the Sydney Branch.

Miss Mary Van Zoost, a graduate of the Children's Hospital, Halifax, and of the public health nursing course, University of Toronto, has been appointed to the Halifax staff.

Miss Lucille Beaudet, a graduate of St. Joseph's Hospital, Rivière du Loup, and of the public health nursing course, University of Montreal, has been appointed to the Ottawa staff.

Miss Margaret Ross, a graduate of the Children's Hospital, Halifax, and of the public health nursing course, McGill School for Graduate Nurses, has been appointed to the Pictou staff.

Miss Eva Wheeler, a graduate of the University of Alberta Hospital, and of the course in public health nursing, University of Alberta, has been appointed to the Saskatoon staff.

Miss Esmé Murphy, a graduate of St. Michael's Hospital, Toronto, and of the public health nursing course, University of Toronto, has been appointed to the York Township staff.

Miss Grace Macpherson, a graduate of the Victoria Hospital, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the Hamilton staff.

Mrs. Mary Hill, who resigned from the Canso Branch, has been reappointed nurse-in-charge of the Canso Branch.

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Z.B.T. protects better against chafing, helps keep baby more comfortable

NURSE, just feel that extra-smooth, silky "slip" when you rub Z.B.T. between your fingers. That is how Z.B.T. Powder with Olive Oil acts in tender skin folds. That is the reason for its better protection against chafing.

Z.B.T. promotes the healing of prickly heat, diaper rash and similar minor skin irritations. And this moisture-resistant, long-clinging powder with olive oil guards baby more effectively against wet diapers and perspiration.

It will cost you nothing to try Z.B.T. Powder — to prove to yourself its many advantages in infant and adult skin care. Clip the coupon below for your free professional package.

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Miss Inez Rickinson has been transferred from the Timmins Branch to the Peninsula Branch as nurse-in-charge.

Miss Rita Michaud has resigned from the Lachine Branch to be married.

Mrs. Rex Alexandre (Isabelle Morton) has resigned from the Halifax staff.

Miss Margaret McLachlan has resigned from the Cornwall Branch to take up other work.

Mrs. Ruth Villeneuve has resigned from the Cornwall Branch.

Miss Dorothy Piché has resigned from the North Bay Branch to be married.

Miss Minette Coté has resigned from the Ottawa Branch to take a position with the St. John Ambulance.

Miss Elsie King has resigned from the Montreal Branch.

Ontario Public Health Nursing Service

Miss Mabel Fairfield (Buffalo City Hospital and New York University public health nursing course) has accepted a position as public health nurse with the Board of Education, Kingston. She succeeds *Miss Gertrude MacLean*, who is on military service.

Miss Nora Hánna (St. Luke's Hospital, New York City, and University of Toronto public health nursing course) has resigned her position with the Orillia Board of Health to accept a similar post in Weston. She has been succeeded in Orillia by *Miss Phyllis Thomson* (Harper Hospital, Detroit, and University of Western Ontario public health nursing course) who was formerly with the Board of Health, Fort Frances.

Miss Ethel Gordon (Winnipeg General Hospital and University of Toronto public health nursing course) has resigned from the Victorian Order of Nurses, Woodstock, and has accepted a position as public health nurse with the Board of Education, Belleville.

Miss Edith Thompson (Toronto General Hospital and University of Toronto public health nursing course) has accepted a position with Defence Industries, Pickering.

Miss Florence E. Carter (University of Alberta Hospital and University of Toronto public health nursing course) has ac-

cepted a position with the East York Township Board of Health.

Miss Jean Birch (Toronto General Hospital and University of Toronto public health nursing course) has been appointed public health nurse for the Town of Wallaceburg.

Miss Marion Woodside (Toronto General Hospital and University of Toronto undergraduate course) who was formerly on the staff of the East York Township Board of Health, has been appointed by the Ottawa Collegiate Board.

M.L.I.C. Nursing Service

Miss Ina Dickie (Hamilton General Hospital, 1938, and University of Western Ontario public health nursing course, 1942) has been appointed to the Metropolitan Nursing Staff and will take over the nursing service in Fort William and Port Arthur.

Miss Madeleine Cadieux (Sacred Heart Hospital, Hull, 1940, and University of Toronto public health nursing course, 1942) has been appointed to the Metropolitan Nursing Staff and has taken up her duties at the Mount Royal Office, Montreal.

Miss Jeanne Gagnon (Hopital de l'Enfant Jésus, Quebec, 1940) has been appointed to the Mount Royal Staff.

Miss Marie Reine Boulanger (St. Sacrement Hospital, Quebec, 1936, and University of Montreal public health nursing course, 1939) has been appointed as a Metropolitan nurse and at present is on the Mount Royal Staff.

Miss Alice Girard (St. Vincent de Paul Hospital, Sherbrooke, 1931, and University of Toronto public health nursing course, 1940) who was given an academic year's leave of absence to complete her Degree of Bachelor of Science in Nursing at the Catholic University of America, Washington, to help qualify her for the position of Director of the School of Public Health Nursing, University of Montreal, in the hope that she might be appointed to this position, has resigned as a result of receiving this appointment.

NEWS NOTES

ONTARIO

STRATFORD:

The graduation exercises of the School of Nursing of the Stratford General Hospital were held recently with 19 students graduating. Prof. Landon, of the University of Western Ontario, was the guest speaker.

Miss Gladys West (1937) has arrived safely in South Africa.

QUEBEC

McGill School for Graduate Nurses:

It is interesting to note the location of the students of session 1941-1942; appointments have been received as follows: Evelyn Archer to the staff of the Vancouver General Hospital; Margaret Campbell as instructor at the Moncton Hospital; Margot P. Carson as instructor at the Royal Columbian Hospital, New Westminster, B.C.; Ella Cassidy to the staff of the Child Welfare Association, Montreal; Dorothy Dick to the staff of the Health Department, City of Winnipeg; Eleanor Fraser to the staff of the Victorian Order of Nurses, Montreal; Edith Kemp to the staff of the Provincial Hospital, Brandon, Manitoba; Elizabeth Lea, Rural Field, Provincial Health Department, Alberta; Helen Leak as instructor at the Hospital for Sick Children, Toronto; Hester Lusted to the staff of the Victorian Order of Nurses, Winnipeg; Elizabeth Lyster as assistant head nurse in the Outpatient Department, Royal Victoria Hospital, Montreal; Lillian MacKenzie to the staff of the Health Department, City of Winnipeg; Ray McKenzie, Rural Field, Red Cross Outpost Nursing Service; Nancie Methuen, Rural Field Health Unit, Stettler, Alberta; Mrs. George F. Harvey (Irene Meyer) as super-

visor at St. Mary's Hospital, Montreal; Mrs. Lauretta Naylor as instructor at Saint John General Hospital; Jeannette Parent, Rural Field, Provincial Health Department, Kerrobert, Saskatchewan; Bertha Reid to the staff of the Health Department, City of Hamilton, Ontario; Betsy Reierson to the staff of the Regina General Hospital; Catherine Ross to the staff of the Victorian Order of Nurses, Winnipeg; Margaret P. Ross to the staff of the Victorian order of Nurses, Pictou, N.S.; Margaret Street as instructor, Misecordia Hospital, Winnipeg; Margaret Trueman to the staff of the Victorian Order of Nurses, Montreal; Julia Walters to the staff of the Vancouver General Hospital; Katherine Weatherhead to the staff of the Winnipeg General Hospital; Mary Wilson to the staff of the Provincial Department of Health, Manitoba; Frances Winchester to the staff of the Victorian Order of Nurses, Montreal.

Bessie Jackson (Public Health 1941) has resigned from the staff of the Victorian Order of Nurses, Montreal, and accepted an appointment on the teaching staff of the Ottawa Civic Hospital. Clare B. Franckum (Public Health 1940) has resigned from the staff of the Health Department, City of Montreal, and has accepted an appointment with the Protestant School Board Health Service for Teachers, Montreal.

Married: Recently, Irene Meyer (Teaching and Supervision 1942) to George F. Harvey.

Montreal General Hospital:

Miss Jean Ross (1938) and Miss MacKenzie (1941) are engaged in dustrial nursing in a large manufacturing plant in Montreal. The Misses Siddons-Grey (1933), Ruth Scott (1939), V. R. Umphrey (1937) and Shirley Laughlan (1941) have joined the R.C.A.M.C. as Nursing Sisters. Mrs. Johnston (Marion Baxter, 1932) is relieving in the out-patients department for the summer months.

The following marriages have recently taken place: Barbara Eardley-Wilmot (1938) to Leading Aircraftman John F. Carr R.C.A.F.; Allison Laite (1941) to Sergeant Gordon MacNaughton R.C.A.F.; Elizabeth Gaskin (1939) to 2nd Lieut. Walter D. Stewart R.C.A.S.C.;

Royal Victoria Hospital:

Miss Margaret Baillie (1940) is with the R.C.A.M.C. at Kingston. Miss Eleanor Illsey (1942) is now in charge of Ward B (women's medical). Miss Duthie Hudson and Miss Doris Wilkinson are on the staff of the Arvida Hospital. Miss Frances Macdonald (1938) had been appointed assistant superintendent at Victoria General Hospital, Halifax. Nursing Sister Margaret Smith has been promoted to be Matron, and Sister Dorothy Riches to be Principal Matron, R.C.A.M.C. Overseas.

The following marriages took place recently: Ruth Pyper (R.V.H. 1938) to Dr. Alan Bourne; Vivian Powers (R.V.H. (1940) to Cadet W. Paul Landry; Phillis Hartney (R.V.H. 1941) to Ensign Ray Ford, United States Naval Reserve.

QUEBEC CITY:

Jeffery Hale's Hospital:

Miss B. O'Neill (1942) has accepted the position of supervisor in the men's medical and surgical wards. Miss M. Jones (1941) has returned from Montreal and is now supervisor of the maternity floor. Miss G. Martin (1941) will take the course in teaching and supervision at the McGill School for Graduate Nurses. Miss N. Humphries (1941) has accepted the position of operating room supervisor temporarily. Miss M. Wilson (1941) has joined the Nursing Service, R.C.A.M.C.

SASKATCHEWAN

SASKATOON:

Miss Mildred McLeod (S.C.H., 1942) has been appointed secretary to Miss Kathleen W. Ellis, Registrar of the S.R.N.A. Miss McLeod replaces Miss Dufty, who has entered the military nursing service.

Recently we received the gift of twelve volumes of the *Journal* from Miss Mary Sewall of Stockton, California; the years 1918-1926 and 1929-1931 are bautifully bound in blue cloth covers. The Saskatchewan Registered Nurses Association now proudly possesses all copies of *The Canadian Nurse* from January, 1918 to the present time. We are greatly indebted to Miss Sewall for her very generous gift.

MELFORT:

Lady Minto Hospital:

The staff of the Lady Minto Hospital was well pleased with the interest given to "The Advance in Nursing" exhibit which they had on display. Included in the exhibit were photos of the following former members of the nursing staff now serving in Canada and overseas: Flight-Lieut. Margaret Whillans, R.C.A.F. Nursing Service, Yorkton; Nursing Sisters Muriel Clift, Betty Rodger, Patricia McCarthy, all with the R.C.A.M.C., No. 8 Canadian General Hospital, somewhere in England; Nursing Sister Monica Waters, of the Red Cross Orthopedic Unit in Scotland.

A lawn social, sponsored by the married and inactive nurses in aid of the British Nurses Relief Fund, was held recently in the grounds of the Lady Minto Hospital.

Married: Recently, Miss Adelheit Gross (Regina General Hospital, 1940) to Mr. Paul Wiemken.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven Connecticut, U.S.A.

THE CANADIAN NURSES ASSOCIATION

President .....Miss Marion Lindeburgh, 3466 University St., Montreal, P. Q.
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Honourary Treasurer .....Miss Marjorie Jenkins, Children's Hospital, Halifax, N.S.

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Numerals indicate office held: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Hospital and School of Nursing Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, General Nursing Section.***

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Helen Garfield, 713-3rd St. E., Calgary; (4) Miss Annie Carlson, 112-10th Ave. N. W., Calgary.

British Columbia: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

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New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Kathleen Dickson, Royal Edward Institute, Montreal; (4) Miss Anne-Marie Robert, 5484A St. Denis St., Montreal.

Saskatchewan: (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. Public Health: Miss Lyle Creelman, 2570 Spruce St., Vancouver, B.C. General Nursing: Miss Madalene Baker, 249 Victoria St., London, Ont. Convener, Committee on Nursing Education: Miss R. K. Russell, 7 Queen's Park, Toronto, Ont.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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COUNCILLORS: **Alberta:** Miss Helen Garfield, 713-3rd St. E., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss E. Rowlett, 125 Nassau St., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island:** Miss Margaret Darling, Alberton. **Quebec:** Miss Kathleen Dickson, Royal Edward Institute, Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblyn, Provincial Mental Hospital, Ponoka; *Representative* to *The Canadian Nurse*, Miss Nessa Leckie.

Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockford; *Representatives* to: *Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V Leadlay; *Committee Conveners*: *Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps.* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostuik; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

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Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St. Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

Pres., Mrs. A. C. McFetridge, 418 Campbell St. Winnipeg; First Vice-Pres., Miss E. McNally, Brandon General Hospital; Sec. Vice-Pres., Miss I. McDiarmid, 365 Langside St., Winnipeg; *Board Members*: Miss L. Stewart, 168 Chestnut St. Winnipeg; Miss H. Coram, 172 Chestnut St. Winnipeg; Miss F. Hart, 320 Sherbrooke St., Winnipeg; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; Mrs. F. Wagner, Grace Hospital, Winnipeg; Miss A. O'Brien, Souris & Glenwood Memorial Hospital; Rev. Sister Clermont, St. Boniface Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *Public Health*, Miss E. Rowlett, 125 Nassau St. Winnipeg; *General Nursing*, Miss E. Campbell, 778 Ingersoll St., Winnipeg; *Committee Conveners*: *Instructors Group*, Miss A. Carpenter, Children's Hospital, Winnipeg; *Social*, Mrs. W. S. McElheran, 969 Dominion St., Winnipeg; *Legislative*, Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; *Membership*, Miss D. Earle, Victoria Hospital Winnipeg; *F.N.M. Loan Fund*, Miss Z. Beattie, St. Boniface Hospital; *Directory*, Miss Besant, Victoria Hospital, Winnipeg; *British Nurses Relief Fund*, Mrs. T. Hulme, 20 Waldron Apts. Winnipeg; *Visiting*, Mrs. W. Hryhorchuk, Grace Hospital, Winnipeg; *Representatives* to: *Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin 187 Kennedy St., Winnipeg; *The Canadian Nurse*, Miss L. Stewart, 168 Chestnut St., Winnipeg; *Local Council of Women*, Mrs. B. Moffatt, 1188 Dorchester Ave., Winnipeg; Executive Secretary and School of Nursing Advisor, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep.* to *The Canadian Nurse*, Mrs. Dorothy Luscombe, 364 Spring Garden Rd., Halifax.

ONTARIO

Registered Nurses Association of Ontario

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Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss B. Roberts; Sec.-Treas., Miss D. Chedister, General Hospital, Port Arthur; *Councillor*, Miss A. Baillie; *Committee Conveners*: *Hospital & School of Nursing*, Miss M. Flanagan; *Public Health*, Miss E. Newson; *General Nursing*, Miss I Morrison; *Program Committee*: Misses V. Lovelace, H. MacNaughton.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier, Annonciade Martineau; *Advisory Board*: Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, Rév. Soeur Marie de l'Eucharistie (Québec), Mlles Edna Lynch, Juliette Trudel; *Conveners of Sections*: *General Nursing* (French), Mlle Anne-Marie Robert, 5484A St. Denis St., Montréal; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; *Hospital & School of Nursing* (French), Rév. Soeur Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Marie Euphémie Cantin, 4442 St. Denis St. Montréal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Rév. Soeur Marie Claire Rheault;

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners*: *Registry*, Miss Grad; *Program*: Misses Sharp, Blackwood; *Membership*: Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health* Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Spelliscy; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

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ONTARIO

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Kingston General Hospital, Kingston

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A.A., St. Mary's Hospital, Kitchener

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A.A., Ross Memorial Hospital, Lindsay

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A.A., St. Joseph's Hospital, London

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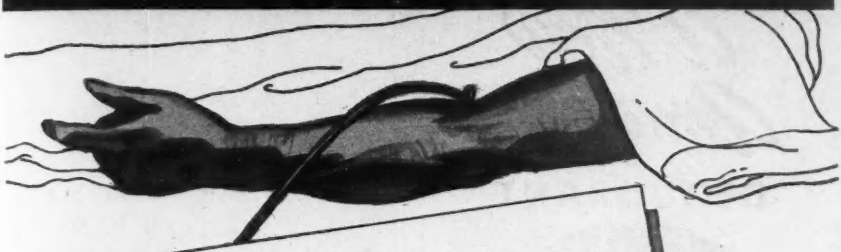

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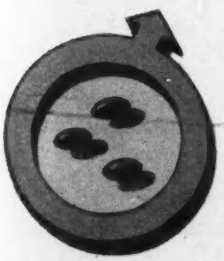
†Fowler and Barer: "Rate of Hemoglobin Regeneration in Blood Donors." J.A.M.A., 118:421:1942.



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